

An Independent Living Skills Program for Foster Parents and Teens

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Phase I Final Report

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PHASE I FINAL REPORT

The aim of the project in Phase I was to develop, produce, and evaluate the first two in a series of video-based instructional programs designed to help foster parents become effective teachers of independent living skills with their foster teenagers. The first program orients foster parents to their role as teachers of IL skills and provides them with a set of basic behavior management skills to facilitate instruction. These include modeling appropriate behavior, reinforcing correct responding, offering appropriate levels of assistance, correcting mistakes, providing opportunities for frequent practice, and planning for independent performance. The second program is an application of these core teaching skills to teaching teenagers about one specific activity of everyday life: meal planning.

The goal of the research was to evaluate the impact of the video programs on foster parents' and foster teenagers' beliefs and practices relating to teaching IL skills.

Product Development

The proposed program was intended for use as a home-based training program for foster parents. This approach is designed to make it more feasible for parents to receive high quality training to fulfill continuing education credits toward certification. In Phase I, two videos were produced, a 16-minute introductory video defining parents' roles as teachers of IL skills and a 12-minute video exemplifying the instructional model in one area of life skills. The video segments were briefer than proposed, however, this did not compromise the scope of the intended content of the first video. For the second video segment, we wanted to establish the efficacy of our approach and then add to it in Phase II. We plan an interactive approach in Phase II that will build on the existing content. The videos were produced within the original budget plan.

The first video, titled *Teaching Moments: How Parents Can Teach Life Skills to Teens*, uses a combination of narration and dramatized vignettes to introduce three core teaching techniques—Modeling, Assisting, and Practicing (MAP). The second video, titled *Teach Teens Cooking: Planning a Meal*, continues to explore the role of foster parents as IL skills teachers, applying the MAP model to teaching skills related to planning, preparing, and cleaning up after a meal. The two videos are attached as **Appendix A**.

The videos were developed in several stages by the research team, which included Dr. Martin Sheehan, the principal investigator; consultant Dr. Patricia Chamberlain; and Brion Marquez, the media director. First, the general content for the videos was developed. We contacted and surveyed a number of foster and group home parents (both locally and via the Internet) to get a sense of problems and successful approaches when teaching teenagers IL skills. In addition, we visited one foster home to watch how the foster teens were involved in meal preparation and cleanup. We also surveyed 10 independent living specialists/state coordinators for advice on program content.

The media director, with the cooperation of the research team, then developed treatments (preliminary outlines) of the video scripts, using input from the foster/group home parents and IL coordinators. These treatments were reviewed by a focus group of foster parents for relevance, instructional value, and cultural sensitivity. The focus group activities are described below.

We chose to supplement the instruction with a take-home magnet rather than the companion viewer guide we had proposed. In our conversations with specialists and parents we were impressed by their need for materials that were friendly and practical. The magnet, attached as **Appendix B**, was novel, could be displayed as a visual reminder in the home, and captured the

essence of the instructional model.

Focus Groups

Three focus groups were conducted to gather preliminary information on the proposed programming content and delivery. Our initial information-gathering strategy was to conduct a national outreach with foster parents and field specialists, rather than to rely exclusively on more limited local focus groups for the development of program content. In line with this strategy, the first two focus groups were surveys conducted by the principal investigator. The survey instruments are attached as **Appendix C**. Feedback on the treatments was obtained from a third focus group of foster parents who met to discuss whether the treatments adequately addressed the specific needs, attitudes, and problems that foster parents experienced in teaching IL skills, as well as the cultural relevance and sensitivity of the materials.

Focus Group #1: Foster and Group Home Parents

Nine foster and group home parents from around the country either completed a written survey questionnaire or provided information in response to an email request from the principal investigator. The survey asked about how parents teach IL skills to their foster teenager, what works for them, and what problems they've encountered. Among suggestions from these parents were the following:

- When teenagers show an interest in an activity like cooking, let them participate in it.
- Teach teenagers how to do something by doing it with them, and be a model.
- Avoid stereotypes about "women's work" – e.g., teach both girls and boys cooking.
- Use frequent repetition when teaching.
- To overcome an obstacle like kids' reticence, make the activity fun.

Focus Group #2: Specialists

Ten independent living specialists and state coordinators/administrators in Oregon, Washington, California, North Carolina, and Ohio were contacted, either by phone or email, and administered a questionnaire by the principal investigator. These specialists were asked questions about teenagers' experience in foster care, IL skills training, and what they would like to see in the materials we were developing. They gave the following comments and suggestions:

- Many foster parents aren't doing much teaching of life skills, and kids need survival tools.
- The instruction needs to be basic, concrete, down to earth, and step-by-step.
- Since most teenagers are in foster homes and not group homes, the videos should be set in foster homes.
- Foster parents need to be told that they have permission to teach life skills.
- Foster parents need practical advice, e.g., on how to deal with resistant kids.

Focus Group #3: Foster Parents

The video treatments were presented to a focus group of eight foster parents—three males and five females, seven Caucasians and one African American. As a group, the foster parents felt the treatments were right on target. They saw the need for this kind of training, and they felt the information presented was important.

The group gave the following comments and suggestions about the treatments:

- Foster teenagers don't want formal assignments and workbooks like they get in IL

- classes, so tell foster parents not to make teaching IL skills like a class assignment.
- It is important for foster parents to find out what their foster teenagers are interested in and use that as the starting point in teaching IL skills.
- It might be better to use “parents” than “foster parents” in the videos, since the word “foster” has negative connotations for many foster teenagers. In general, they don’t want to be known as foster kids, and they don’t think they need special training because they are foster kids.
- Emphasize that as parents, foster parents, or grandparents you must be concerned about your teenager’s future.
- To get teenagers interested in IL skills, get them involved in everyday activities like grocery shopping and let them make some choices.
- Be careful of stereotypes in examples—girls doing “girl” things and guys doing “guy” things.
- Some good skills to teach (in addition to meal planning and preparation skills) would be how to live on a limited budget, creative recycling, how to fix things, how to locate cheap resources, how to use tools, and how to make choices.

Description of Video Content

The goal of the first video, *Teaching Moments: How Parents Can Teach Life Skills to Teens*, is to convey the important role parents can play in teaching their teenagers independent living skills. The format uses narration, brief interview-style testimonials, and dramatized vignettes of foster families. The video content defines what independent living skills are and talks about why the most appropriate context for teaching IL skills is with parents at home. Vignettes address common parent concerns about teaching teenagers IL skills and model IL teaching moments being well-integrated in home activity. The video introduces and demonstrates a model of instruction for teaching IL skills called MAP: Modeling, or demonstrating (while the teen watches); Assisting, or helping without actually doing (both parent and teen are involved); and Practicing, or letting the teen try the activity (the parent now observes).

The second video, *Teach Teens Cooking: Planning a Meal*, applies the MAP instructional model to a specific domain of activity. Task activities are organized into component parts—planning, shopping, the actual cooking or meal preparation, cleaning up and putting away leftovers—and are modeled in dramatized vignettes that have accompanying narration to point out the instructional steps. The vignettes use everyday situations to demonstrate ways parents can more easily integrate teaching activities and overcome typical kinds of resistances.

Project Evaluation

Participants

Foster parents and teenagers were recruited with the cooperation of IL specialists and state administrators who participated in our focus group #2, as well as their colleagues, located in Oregon, Washington, California, Ohio, and North Carolina. In addition, recruitment occurred in Connecticut and New York with the assistance of specialists whom Northwest Media’s Research Director met while participating in an IL conference in New York. The recruitment procedure varied somewhat between states. In some, the IL specialist provided us with a list of foster families with teenagers, and then Northwest Media staff telephoned families on the list to explain the project and inquire whether they would be interested in participating in it. More detailed written information and

consent forms were sent to those families who expressed interest. In other states, recruitment flyers and project information sheets were mailed to IL specialists and administrators, who either posted them or included them in their newsletter. Copies of the recruitment flyer and information sheet are attached as **Appendix D**. Interested foster parents who contacted Northwest Media were mailed a letter and consent form.

Initially, 50 eligible parent-teen pairs volunteered to participate in the project. A final sample of 41 parents and 41 teenagers completed the project and were included in the data analysis. Seven of the nine parent-teen pairs that dropped out of the project did so because the teen left the foster home before all of the calls had been completed. (Some were transferred to another home; some ran away; and one went to jail.) The other two families that did not complete the project were never reached by the telephone interviewers. These subjects were dropped only after numerous attempts were made to contact them.

Our final sample was much smaller than the proposed sample in part because our initial projections were not realistic within the time frame of a Phase I. Inquiries with IL providers indicated that parent interest was probably dampened because this initial program represented only a fragment of the proposed intervention. This, coupled with having to fulfill the added requirements of a research project—consent, scheduling, interviews—also may have served as disincentives. There were, however, two compensating strengths in our final sample. We expanded our recruiting efforts nationwide, and we included foster teenagers paired with their foster parents. We had considered including teenagers in an earlier version of the proposal and reviewers had different perspectives about this.

We agreed with comments made in Critique #2 of the Summary Statement which pointed out that teenagers are the ultimate targets of the proposed intervention and that some assessment of the quality of foster parents' interactions or skill training behaviors would seem appropriate. Also, recruiting teenagers presented no further logistical difficulty. In summary, we believe that our sample, though smaller than planned, was adequate for the purposes of our pilot study.

Tables 1 and 2 in **Appendix F** contain summaries of the demographics for the final sample of foster parents and teenagers. Although we had sought a more balanced parent sample on gender, we knew that foster mothers were far more likely to volunteer to participate than foster fathers; in fact, our parent sample ended up being 100% female.

Procedure

Consent forms were mailed to all parents who volunteered to participate in the study. When we received the signed consent forms, we randomly assigned parents and teenagers to either the treatment or control condition, as well as to one of the two trained telephone interviewers. Measures were administered by telephone interview.

The PDR and TDR were administered to both treatment and control subjects in a series of six telephone calls to foster parents and teenagers. Three interviews were conducted one week prior to the intervention (about every other day), and again one week after the intervention. Items on general parent practices on the PDR and TDR were presented twice, once during the first interview and once during the last interview. Items on specific parent practices were presented during all six interviews.

All subjects also completed a background information questionnaire during the first interview, and treatment group foster parents completed a parent satisfaction questionnaire during the last interview.

The videos were mailed to parents in the treatment condition, along with a letter from the

PI asking them to watch the videos (*Teaching Moments* first, and then *Teach Teens Cooking*) at least once within the following two weeks (intervention). Teenagers were given the option of watching. A day or two after the videos were mailed, a magnet was sent to treatment group parents, along with a note from the PI asking them to put it on their refrigerator or in some other prominent place as a reminder of the project's core ideas (Model, Assist, Practice) and reminding them to watch the videos. About a week after the videos were mailed, we called to confirm that the materials had been received and to remind them again to watch the videos by the specified date when their post-intervention phone interviews would begin.

Parents in the control group did not receive any instruction (written or video) on teaching their teenagers IL skills. We decided that, for purposes of evaluating the effectiveness of our videos, it was more appropriate to compare the treatment group with a no treatment control group than to compare a treatment group that saw the videos with a control group that read written materials covering the same or similar ground. There are no such written materials available; our videos constitute a new training package, and our aim was to assess the videos' impact on parents who otherwise would receive no training in the area of teaching their teenagers IL skills. Control group parents received the same pre- and post-assessment measures as the treatment group and within a similar span of time—about a month. Both assessments were administered by telephone. Following the sixth and final phone interview, the videos and magnet were mailed to parents in the control group.

Of the 41 parent-teen pairs in the sample, 21 were in the treatment group and 20 were in the control group.

Measures

Copies of all measures described below are attached as **Appendix E**.

▶ *Parent Daily Report (PDR)*

The standard PDR is a 31-item problem behavior checklist developed by Chamberlain and Reid (1987). The format used in the PDR is well suited for repeated daily assessments. Parents are asked to report whether or not specific child behavior problems have occurred at home in the previous 24-hour period. The instrument is especially effective in picking up relatively low-frequency behavior. The administration of the measure requires minimal training (about one hour) and is not perceived to be intrusive by parents.

The PDR has good psychometric characteristics: intercaller reliability = .98; interparent reliability = .89; and test-retest reliability = .82 (Chamberlain and Reid; 1987). In addition, several studies have established the concurrent validity of the PDR and independent home observations of child behavior. Patterson (1976) reported a significant relationship $r = .69$ between the PDR and rates of aversive child behaviors recorded by home observers. This finding has been replicated by Fleischman (1981) $r = .46$ and Reid, Hinojosa-Rivero, and Lorber (1979) $r = .58$). The concurrent validity of changes in the PDR has also been compared to pre-post observation data to measure treatment outcomes in studies of children referred for aggression and oppositional behavior (Forgatch & Toobert, 1979; Patterson, 1976; Patterson & Reid, 1973). Both types of measures exhibited significant treatment effects.

As shown in **Appendix E**, we extensively modified and adapted the format of standard PDR for use in the current study. Rather than focusing on the occurrence of a set of problem behavior, items targeted meal planning and other life skills behavior and attitudes based on the content of the Phase I intervention. The intent was the same: to detect low frequency parent-child behavior

in the home.

The measure was divided into two sections, one measuring general parenting practices related to teaching life skills in the home, and the other measuring shorter-term parenting behavior.

The measure yielded the following set of dependent variables:

Part I. General Parenting Practices

- 1) *Beliefs:*
Parents' beliefs and perceptions about best parenting practices. Scores are means of 13 items, each scored on a four-point rating scale (1 = do not agree at all, to 4 = agree very much).
- 2) *Current Teaching:*
Whether parents were currently teaching life skills. Scores are mean proportions of positive responses to a single dichotomous item.
- 3) *Life Skills List:*
Which life skills parents teach. Scores are means of positive responses to 17 dichotomous items.
- 4) *Best Practices:*
Which of the targeted practices parents use to teach life skills. Scores are means of seven items, each scored on a three-point rating scale (1 = not at all true, to 3 = very true).
- 5) *Obstacles:*
Parent resistances to teaching life skills. Scores are means of 13 items, each scored on a four-point rating scale (1=do not agree at all, to 4=agree very much).

Part II. Recent Parent Behavior (*previous two days*)

- 1) *Teaching Now*
Whether parents taught life skills in the previous two days. Scores are proportions of positive responses to a single dichotomous item.
- 2) *Life Skills List - Recent:*
Which life skills parents taught. Scores are mean of positive responses to 17 dichotomous items.
- 3) *Parent Initiated Activity:*
Whether parents initiated activities relating to meal planning. Scores are means of positive responses to seven dichotomous items.
- 4) *Teen Initiated Activity:*
Whether teenagers initiated activity relating to meal planning. Scores are means of positive responses to seven dichotomous items.
- 5) *Teaching Opportunity:*
Whether parents took advantage of opportunities teach a selected life skill. Scores are mean proportions of positive responses to a dichotomous item.
- 6) *Teaching Steps:*
Which targeted practices parents used to teach a selected life skill. Scores are means of positive responses to three dichotomous items.
- 7) *Teen Receptivity:*
Teen receptivity to parents teaching a selected life skill. Scores are means of a

single item with a four-point rating scale (1 = not at all, to 4 = very).

► *Teen Daily Report (TDR)*

A complementary version of the above PDR was created to independently assess teen attitudes and behavior. As shown in **Appendix E**, the measure replicated the format of the parent version, but took the perspective of the teen. Items from the PDR were deleted or amended based on their appropriateness for teenagers. One foster teen of each parent participant responded to the questionnaire, following the same time frame described above for parents.

The measure yielded the following set of dependent variables:

Part I. General Parenting Practices

- 1) *Beliefs:*
Accuracy of teenagers' beliefs and perceptions about best parenting practices. Scores are means of six items, each scored on a four-point rating scale (1 = do not agree at all, to 4 = agree very much).
- 2) *Current Teaching:*
Whether parents were currently teaching life skills. Scores are proportions of positive responses to a single dichotomous item.
- 3) *Life Skills List:*
Which life skills parents teach. Scores are means of positive responses to 17 dichotomous items.
- 4) *Best Practices:*
Which of the targeted practices parents use to teach life skills. Scores are means of six items, each scored on a three-point rating scale (1 = not at all true, to 3 = very true).
- 5) *Obstacles:*
Teen resistances to learning life skills. Scores are means of eight items, each scored on a four-point rating scale (1=do not agree at all, to 4=agree very much).

Part II. Recent Parent Behavior (*previous two days*)

- 1) *Teaching Now:*
Whether parents taught life skills in the previous two days. Scores are proportions of positive responses to a single dichotomous item.
- 2) *Life Skills List - Recent:*
Which life skills parents taught. Scores are means of positive responses to 17 dichotomous items.
- 3) *Teaching Quality:*
Quality of parent teaching. Scores are means of a single item with a five-point scale (1 = terrible, to 5 = great).
- 4) *Parent Initiated Activity:*
Whether parents initiated activities relating to meal planning. Scores are means of positive responses to seven dichotomous items.
- 5) *Teen Initiated Activity:*
Whether teenagers initiated activity relating to meal planning. Scores are means of positive responses to seven dichotomous items.

▶ *Background Information (BI)*

Two versions of this questionnaire were created for the present study, one for foster parents and the other for foster teenagers. The questionnaire was completed by foster parents and teenagers during the first telephone interview.

▶ *Participant Satisfaction (PS).*

This questionnaire, shown in **Appendix E**, was created for the present study. The questionnaire was administered only to treatment group foster parents at the conclusion of the final phone interview. Questions asked about various aspects of parents' interest in and evaluation of the two videos.

Hypotheses

1) Parents

- Parents in the intervention group were expected to show greater improvements in general parenting practices following the intervention than parents in the control group, as measured by *Beliefs, Current Teaching, Life Skills List, Best Practices, and Obstacles*.
- Parents in the intervention group were expected to show greater improvements in recent parent behavior following the intervention than parents in the control group, as measured by *Teaching Now, Life Skills List - Recent, Parent-Initiated Activity, Teen-Initiated Activity, Teaching Opportunity, Teaching Steps, and Teen Receptivity*.

2) Teenagers

- Teenagers in the intervention group were expected to report greater improvements in general parenting practices following the intervention than teenagers in the control group, as measured by *Beliefs, Current Teaching, Life Skills List, Best Practices, and Obstacles*.
- Teenagers in the intervention group were expected to report greater improvements in recent parenting behavior following the intervention than teenagers in the control group, as measured by *Teaching Now, Life Skills List - Recent, Teaching Quality, Parent-Initiated Activity, and Teen-Initiated Activity*.

Results

All tables in this section are shown in **Appendix F**. Because this was a pilot study with a small sample size, we are reporting significant effects ($p \leq .10$) and non-significant trends for hypothesized outcomes. All p values are reported as one-tailed tests. As is customary with one-tailed tests, we do not report as significant, effects in the wrong direction that would have been significant using a two-tailed test. This affects only the Obstacles scale. In addition to the usual F statistics, we also report Cohen's d, (Cohen, 1977) an effect size measure defined as the ratio of the mean shift between the groups to the within group standard deviation. Cohen suggested that for the social sciences, d values of .20, .50 and .80 correspond to small, medium and large effects.

Outcome Analyses for the Parent Daily Report

Means and standard deviations for the PDR are shown in Table 3.

• Part I: General Parenting Practices:

All scores, except *Current Teaching*, were analyzed using separate 2 (Group) x 2 (Time)

repeated measures ANOVAs. There were non-significant Group x Time interaction trends for *Beliefs*, $F(1,39) = .25$, $p = .36$, $d = .16$), and *Life Skills List*, $F(1,39) = .61$, $p = .22$, $d = .25$). There were no significant interaction effects for *Best Practices* and *Obstacles*.

A 2 (Group) x 2 (Time) repeated measures GEE logistic regression analysis was used to analyze *Current Teaching*, a dichotomous variable with two data points, one pre- and one post-intervention. GEE is a generalized estimating equations approach to logistic regression with repeated measures (correlated) data developed by Zeger and Liang (1986). Results showed a non-significant Group x Time interaction trend, however there was insufficient variability to compute a test statistic.

- Part II: Recent Parent Behavior:

All scores were analyzed using separate 2 (Group) x 2 (Time) repeated measures ANOVAs. There were significant Group x Time interaction effects for *Teaching Now*, $F(1,39) = 3.32$, $p = .04$, $d = .58$), and *Teaching Steps*, $F(1,32) = 7.28$, $p = .006$, $d = .95$); and non-significant Group x Time interaction trends for *Parent Initiated Activity*, $F(1,39) = .19$, $p = .34$, $d = .14$), *Teen Initiated Activity*, $F(1,39) = .00$, $p = .49$, $d = .00$), and *Life Skills List - Recent*, $F(1,39) = 1.25$, $p = .14$, $d = .36$). There were no significant interaction effects for *Teen Receptivity* and *Teaching Opportunity*.

Outcome Analyses for the Teen Daily Report

Means and standard deviations for the TDR are shown in Table 4.

- Part I: General Parenting Practices:

All scores, except *Current Teaching*, were analyzed using separate 2 (Group) x 2 (Time) repeated measures ANOVAs. There were non-significant Group x Time interaction trends for *Beliefs*, ($F(1,39) = .46$, $p = .25$, $d = .22$), *Obstacles*, ($F(1,39) = .05$, $p = .42$, $d = .07$) and *Life Skills List*, ($F(1,39) = 1.03$, $p = .16$, $d = .33$). There was no significant interaction effect for *Best Practices*.

A 2 (Group) x 2 (Time) repeated measures GEE logistic regression analysis was used to analyze *Current Teaching*. As in the PDR, there was a non-significant Group x Time interaction trend, but insufficient variability to compute a test statistic.

- Part II: Recent Parent Behavior:

All scores were analyzed using separate 2 (Group) x 2 (Time) repeated measures ANOVAs. There was a significant Group x Time interaction effect for *Teen Initiated Activity*, $F(1,39) = 2.26$, $p = .07$, $d = .48$). All other analyses yielded non-significant Group x Time interaction trends: *Teaching Now*, ($F(1,39) = .01$, $p = .46$, $d = .03$), *Parent Initiated Activity*, ($F(1,39) = .52$, $p = .24$, $d = .23$), and *Life Skills List - Recent*, ($F(1,39) = .29$, $p = .30$, $d = .17$), and *Teaching Quality*, $F(1,38) = 1.35$, $p = .13$, $d = .38$)

Outcomes for Participant Satisfaction

Foster parents in the treatment group reported high levels of satisfaction with the videos. For example, 81% said they would watch the first video again and 76% said they would watch the second video again. Nearly 86% reported that they learned something from the videos. Seventy-one percent reported that the videos were very relevant and realistic, while another 19% said they were somewhat relevant and realistic. Most encouraging of all was that 90.5% of the treatment group foster parents said they would like to receive more of this type of instruction. Means and standard deviations on the participant satisfaction items are reported in Table 5.

Discussion

Perhaps the most telling piece of information gained from this project was that, among the participating foster parents in our study, 68% had *never* received any previous training on how to

teach independent living skills to their foster teenagers; this, in spite of the fact that these parents had been in the foster care system for an average of over eight years, and that their current foster teenager had been in their home for two years. Moreover, those who volunteered for this study probably represented parents with the most concern within this population. This information leaves little doubt as to the existing need for the type of training we are proposing.

In Phase I, we developed two adaptations of the Parent Daily Report that dealt with teaching IL skills, one version for parents and one version for teenagers. The parent and teen versions closely corresponded so that we could make some evaluative comparisons. The questionnaires were designed to examine two factors: general practices, and recent behavior. General practices referred to general parenting beliefs, attitudes, and skills. Recent behavior was a more typical index used in the PDR to gauge daily changes in low frequency behaviors in the home.

Because this was a pilot study with limited time and resources (i.e., 20 families per group), statistical power was limited to detecting fairly large effects. But, if the intervention is relatively low cost, then large effects are not really necessary to justify the continued development of the intervention. The reported effect sizes estimate the amount of change expected compared to the within groups variability in change. The effect size calculations take the focus off statistical significance which is determined largely by sample size and put it on amount of change. For pilot work with limited samples, this is often considered of equal if not of more importance than statistical significance per se (Cohen, 1977).

The preponderance of the findings for the PDR showed greater improvements in both parenting practices and recent behavior for the intervention group. Effect sizes tended to be small for effects in the hypothesized direction. However, these findings are based on trends in the data, and are somewhat mixed. Specifically, after viewing the tapes, parents showed greater improvements in parenting concepts consistent with good practices than parents who did not view the tapes. The intervention also seemed to motivate parents to teach more types of life skills more often. However, all parents reported using fewer best practice methods over time, and parents in the treatment group may have actually encountered more resistance to instruction than parents in the control group. This latter finding was unexpected and may indicate that using new strategies to teach IL skills spikes teenager resistance, at least temporarily, compared to using strategies the teenager was accustomed to. This was somewhat mitigated by an opposite trend for teenagers. Teenagers whose parents viewed the tape reported less resistance to learning IL skills than those in the control group.

The more practical results of this study dealt with specific changes in recent behavior. Here, the findings for parents were clearer and more supportive. Parents who viewed the tapes made more efforts to teach life skills, reported more self- and teen-initiated activity in this area, and more frequently followed the steps presented in the instructional model than parents who did not view the tapes. Effect sizes were somewhat larger and in the medium range for effects in the hypothesized direction. Here again, however, parents in the treatment group found more resistance over time than those in the control group. Also, the intervention did not shift parents away from teaching at a special time rather than during the regular course of activity.

The findings for teenagers were more consistent and supportive of the intervention. Teenagers whose parents watched the videos showed greater improvements from pre- to post-intervention on all outcomes except for their perceptions of their parents' general skills, compared to those whose parents did not watch the videos. Effect sizes ranged from small to medium for effects in the hypothesized direction.

While it is not possible to make definitive conclusions about the effectiveness of the

intervention, especially given the limitations of the current study, the findings were mostly encouraging. In the areas where the data was based on more concrete events—recent behavior—the evidence was the most consistent. This picture is bolstered by parent satisfaction ratings. A very high percentage of parents were interested enough in the videos to watch them again; felt that they had learned from the videos; that the situations were relevant; and wanted to receive more of this type of training.

The obvious need for these materials and the interest expressed by parents in the materials we developed, when combined with the preponderance of these preliminary findings, point to the feasibility of the approach we have taken. We address the methodological limitations encountered in Phase I in our Phase II proposal. In addition, Phase II will provide the opportunity to adequately test the effectiveness of a complete intervention.