

Love, Limits, and Latitude: Multi-Site Pilot Study of a Parent Education Program

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ABSTRACT. This study used data from three sites (two in Utah, one in Minnesota) to test pre-post outcomes of the parent education program *Love, Limits, and Latitude: A Thousand Small Moments of Parenting* (LLL). A total of 162 diverse (33% African American or Native American) participants enrolled in the program and 107 participants (66%) completed both the pre and post assessments. Data were gathered through self-report questionnaires completed by parents. An intent-to-treat analysis was conducted and statistical and clinical results are reported. Participants who completed the assessments reported clinically and statistically significant positive changes in measures of child distress, family functioning, and parenting couple functioning. These results support the utility of the LLL curriculum. Future research using a randomized controlled trial is needed to test the efficacy of the LLL parenting program.

Keywords: Parent-child relations, Parent education

Love, Limits, and Latitude: Multi-Site Pilot Study of a Parent Education Program

Parent education is a helpful intervention for decreasing child behavior problems by teaching the parent more effective parenting skills (Dretzke et. al., 2009). This article reports on the preliminary analysis of the feasibility and usefulness of a parent education program titled *Love, Limits, and Latitude: A Thousand Small Moments of Parenting* (LLL; Wells, Law, & Johnson, 2005). The LLL program is designed to improve child behavior and family functioning through parenting education delivered in community practice settings. While there are many well-known parent education programs such as Carolyn Webster-Stratton's *The Incredible Years* (Webster-Stratton & Reid, 2012) and Foster Cline and Jim Fay's *Love and Logic* (2006), LLL is the only known parenting program explicitly based on the empirically researched model of a three-pronged approach to parenting, originally conceptualized by Earl Schaefer (1965) and later refined by Brian Barber and colleagues (Barber, Xia, Olsen, McNeely, & Bose, 2012). These three conceptual anchors are *Love, Limits, and Latitude*, hence the program's title, and encourage parents to provide the love, guidance, and flexibility children need for optimal development. Pre-post outcome measures for this study include parent-reported child distress and behavior, family functioning, and parental dyadic relationships for parents raising the child in a partnership.

Theoretical Frameworks Guiding LLL

LLL is an approach based on family systems theory. Family systems theory maintains that the family unit is made up of multiple smaller systems and distinct individuals, and that interactions between these individuals, systems, and the environment in which they are positioned are driving forces for change within the family (Cox & Paley, 1997). Systems theory allows family educators to take the view that parents are the directors and teachers of their children, and thus family educators may work to improve the child's behavior through guiding parents to change their interactions with and discipline of their children, resulting in change throughout the entire family system. Several interventions that target parent behavior have been

found to be effective in improving child behavior (Brestan & Eyberg, 1998; Estrada & Pinosof, 1995; Foote, Eyberg, & Shuhman, 1998; Kazdin, 1995, 1997; McMahon, 1999). In fact, intervening in families with young children can even help prevent problem behaviors in adolescence, when serious misbehavior can have long-term consequences (Webster-Stratton & Taylor, 2001). While some of these programs and therapies are aimed at parents of children with diagnosed difficulties, such as oppositional defiant disorder or autism (Wells & Egan, 1988; Dretzke, 2009, respectively), others are devised simply as general parent education programs.

LLL is formulated as a general parent education program. It is suited for primary and secondary-level intervention and education, which is within the scope of Family Life Education (FLE) according to the model proposed in *Reconceptualizing the Domain and Boundaries of Family Life Education* (Myers-Walls, Ballard, Anderson Darling, & Myers-Bowman, 2011). FLE is distinct from either family therapy or family case management in that it works in a preventative role, equipping families to face normative problems in life and prevent troubles from escalating to serious difficulties requiring intensive care. Thus, as a provider of primary prevention, the first level of intervention proposed by Myers-Walls and colleagues, LLL is suited for parents who are simply looking for support from other parents or experts or who are curious about “best” parenting practices and are interested in bolstering their family interactions. In the secondary prevention role, however, LLL is also a good fit for parents who feel they are struggling with a particular child, but have not yet reached the point of requiring a level of intervention more readily provided by family therapy. While the overall LLL program is informed by Family Systems Theory, the particular constructs of LLL are based on a parenting framework intended to capture much of what parents do that matter in interaction with their children (Barber, Stolz, & Olsen, 2005).

Constructs of LLL

The thematic anchors of Love, Limits, and Latitude are based on the work of Brian Barber and colleagues on three aspects of parenting: parental support, behavior control, and psychological control (Barber, Stolz, & Olsen, 2005). In the LLL program, the construct of *love* equates to Barbers’ construct of parental support, limits equate to behavior control, and latitude equates to psychological control. The ideas espoused by the LLL program are reminiscent of Diana Baumrind’s work on Authoritative Parenting (1971) in that the authoritative parenting style is identified by a warm attachment between the parent and child combined with a healthful amount of parental behavior control, but also an understanding of the child’s need to develop as an individual (Barber et al., 2012; Barber, Stolz, & Olsen, 2005; Baumrind, 1967, 1971; Damon & Hart, 1988). The lesson plans and overall goals of LLL are based on these three constructs of attachment, behavior control, and individuality.

Attachment or parental support, called *Love* in the program, is conceptualized as a warm relationship between the parent and child. This attachment provides the child a sense of belonging in the family and is critical to emotional and moral development (Damon & Hart, 1988). Behaviors that foster this relationship (e.g., play, attention, praise, and conversation with the child) comprise the *Love* portion of the program. After putting the LLL program through an

extensive formative evaluation, that consisted of pilot testing various sequences of the LLL sessions (Berge, Law, Johnson, & Wells, 2010), the authors determined that this Love portion of the program would be taught during the first four sessions of the twelve-week program. (See Table 1)

The next five sessions focus on the portion of the program denoted as *Limits*, referring to behavior control as described in parenting style research (Barber, Stolz, & Olsen, 2005; Baumrind, 1971). A lack of appropriate behavior control by the parent over the child is associated with poor behaviors and outcomes in children (Barber, Olsen, & Shagle, 1994). In contrast, parents may establish an atmosphere of respect within the family by setting boundaries and exercising behavior control through developmentally-appropriate and non-punitive reinforcement and discipline techniques, thus shaping their children's behavior and development. When the parent enforces appropriate rules, the child learns to regulate his or her own behavior and reactions in a socially acceptable and healthful manner (Eccles, Early, Frasier, Belansky, & McCarthy, 1997).

Finally, LLL includes three sessions on *Latitude*, or flexibility for the child to develop and grow as an individual and express his or her personal needs and opinions to the parent. This is an important trademark of the authoritative parenting style (Barber, Stolz, & Olsen, 2005; Baumrind, 1971), as children who experience too much psychological control or a stifling parental relationship may be at risk for a host of internalizing behavior problems, particularly in adolescence (Barber, 1996). *Latitude*, therefore, is the term used for flexibility granted to the child to develop as an individual. According to self determination theory, too much psychological control may interfere with a child's autonomous development and in turn cause developmental difficulties in other aspects of the child's development and behavior. (Soenens & Vansteenkiste, 2010). The LLL curriculum holds that children will feel less driven to rebel against parents to prove their own autonomy and identity if the child is given appropriate freedom and acknowledgement from parents throughout development (Barber & Harmon, 2002). When the anchors of *Love* and *Limits* are in place, the *Latitude* provided by the parent allows the child the opportunity to realize his or her sense of self and develop a healthy self-concept.

The LLL program is presented in a psychoeducational group format. Each parenting group is facilitated by facilitators trained in the LLL curriculum. In each session, the instructors review concepts from the previous weeks, call for discussion of homework assignments, and lead the group member through the concepts of the current session. They assist members where appropriate through the group process, but are alert to the balance between task focus and interpersonal disclosure (Wells, Law, & Johnson, 2005).

Current Study

In addition to family systems theory to inform the development of the overall program, this theory was also used to guide the selection of outcome measures (Cox & Paley, 1997). As such, the success of the program was measured at three levels: child distress and behavior, overall family functioning, and the dyadic relationship between the parenting couple (for those

parents reporting a partner during the course of the study). Of course, as the main focus of LLL is improvement in child behavior, the central measure of the success of the program was a measure of child distress and problem behavior as reported by the parent. However, as an improvement in child distress could have a ripple effect on the stress level of the parent and other family relationships, overall family functioning was also measured as an outcome of participation in the LLL program. Finally, for those parents in couple relationships, dyadic adjustment is measured before and after participation in the program in an effort to measure the impact of change in the parent-child subsystem on the parenting couple subsystem. Consistent with family systems theory, we posited that improvements in child behavior and in parent-child relationships would be accompanied by improvements in the parenting couple's relationship.

Research Questions

Because this was a pilot test of a parent education program explicitly built upon the three parenting constructs of *Love, Limits, and Latitude*, the following three research questions tested the feasibility and pre-post outcomes of the program in the following areas:

Question 1: What patterns of change occurred in child behavior problems as reported by parents who participated in the *Love, Limits, and Latitude* parent education program? Did these patterns result in significant statistical and clinical change as measured by the *Youth Outcome Questionnaire* (Burlingame, Wells, & Lambert, 1996)?

Question 2: What patterns of change occurred in family functioning as reported by parents who participated in the *Love, Limits, and Latitude* parent education program? Did these patterns result in significant statistical and clinical change as measured by the *Family Assessment Device* (Epstein, Baldwin, & Bishop, 1983)?

Question 3: What patterns of change occurred in dyadic functioning as reported by parents who participated in the *Love, Limits, and Latitude* parent education program? Did these patterns result in significant statistical and clinical change as measured by the *Revised Dyadic Adjustment Scale* (Busby, Crane, Larsen, & Christensen, 1995)?

Method

Study Design

This pilot study was a one-group pretest-posttest research design conducted at three different sites. This was appropriate for this study in that it allowed intra-individual change to be quantified. In the absence of a control group, pre-post comparison still allows for the measurement of change over time, although it does not allow causal statements about why change occurred. This design is appropriate for a feasibility/pilot study such as ours. Participants completed the pretest assessments prior to the first LLL session and the posttest directly after the 12-session program ended.

Procedures

Recruitment. Participants were recruited from communities near Brigham Young University (BYU; Provo, Utah), Utah State University (USU; Roosevelt, Utah), and University of Minnesota (UMN; Minneapolis, Minnesota). Parents were recruited in a variety of ways, depending on their location. All recruitment tools emphasized that LLL is used as a primary prevention – before family problems have been identified or displayed – or secondary intervention in an effort to correct budding problems and provide families a healthy way to recover before intensive therapy is required. Participants were excluded from the program if they were judged by the authors, all licensed therapists to be displaying mental or emotional disorders. In such cases, excluded participants were referred to more appropriate family therapy (Meyers-Walls et al., 2011). All components of the study were approved by the respective universities' Institutional Review Boards.

BYU participants and logistics. LLL classes were offered at the Comprehensive Clinic, BYU's training center for graduate students in Marriage and Family Therapy, Psychology, and Social Work. Participants were recruited by advertisements and articles which ran in the local newspaper and by flyers hung in the clinic. In addition, graduate students in the university's training clinic could refer clients to this program if deemed appropriate (e.g., parents the students were treating were experiencing child-related distress at secondary intervention levels). The program was conducted 10 times between January 2001 and December 2002.

USU participants and logistics. Parents who participated at the USU site were recruited through local newspaper advertisements announcing the availability of the LLL program for parents wanting to improve their parenting skills. In addition, similar information about the program was sent to all the parents who had a child enrolled in the local Head Start program. The LLL program ran 10 times at this site between October 2002 and April 2005.

UMN participants and logistics. Parents who participated at the UMN were recruited from a Family Medicine clinic in North Minneapolis (Berge et al., 2010). Flyers advertising "parenting classes" were hung in the waiting rooms and exam rooms; nurses gave out flyers during appointments; and doctors, both medical and mental health, offered the group to their patients if they were perceived to be experiencing parenting-related distress at levels appropriate for the program. LLL was offered three times between October 2007 and June 2008 in the UMN Family Medicine clinic.

Participants

Participants were parents who had, on average, 3.1 children, although parents were asked to choose a target child on which to report changes in behavior and distress. The target child needed to be between 3 and 11 years old, and the average age was 6.4 years old. If in a partnership, couples were encouraged to attend together. If both parents attended the LLL class, both completed the assessments on the same identified child. Participants (54) from BYU were from mid-size metropolitan cities in Utah. The follow-up rate (those who completed both pretest

and posttest assessments) at this site was 76% (41 of 54). USU participants (61) were from rural Utah communities. The follow-up rate at this site was 54% (33 of 61). UMN participants (47) were from an urban low-income neighborhood in North Minneapolis, Minnesota. The follow-up rate at this site was 70% (33 of 47). The overall follow-up rate for the study was 66% (107 of 162). The low follow-up rates at the USU site were due to the practitioners being more focused on the clinical aspect of the LLL program (i.e., intervention development and fidelity) and less focused on monitoring participants' return of post assessments.

Participant Demographics and Attrition Analysis

Table 2 contains baseline demographic variables of gender, race, marital status, annual income, employment status, education, and number of children for the parents at the three sites. (See Table 2)

Although study follow-up rates across sites were moderate (54%-76%), analyses comparing baseline demographic variables (gender, race, marital status, annual income, employment status, education, and number of children) between participants who did ($n = 107$) and did not ($n = 55$) complete the follow-up assessments showed no significant differences. Likewise, baseline values of outcome variables (General Functioning subscale of the *Family Assessment Device*, Total Scores of the *Revised Dyadic Adjustment Scale* and the *Youth Outcome Scale*) also showed no significant differences between participants who did and did not complete the follow-up assessment (results not shown).

Facilitator Training

The LLL program was conducted using a highly structured intervention manual (Wells, Law, & Johnson, 2005). The authors of the LLL curriculum provided training to all facilitators. Facilitators were either licensed therapists, therapists in training (e.g., masters or PhD level graduate students), or undergraduate students training to be family life educators. Facilitators were recruited by the researchers either through already established personal or professional relationships. This training consisted of a series of three separate experiences. First, facilitators-in-training attended a workshop where they learned about the LLL curriculum and group process. In this workshop facilitators also received feedback from the authors on various role-play scenarios. After the workshop, the second training experience was in-vivo as a co-facilitator in an LLL class also facilitated by one of the authors. At the conclusion of each session, facilitators-in-training processed group dynamics and content with other facilitators-in-training and the authors. As the third portion of the training, facilitators-in-training received weekly LLL supervision by the LLL authors. Facilitator education level and licensure varied widely, including undergraduate students and graduate students in family-related fields as well as licensed therapists in clinical practices.

Measures

Guided by family systems theory and the underlying tenant that a change in one part of the family system produces change in other parts of the family, broad measurements that assessed the individual child, the entire family, and the dyadic parenting couple subsystem were chosen for this study.

Child distress and behavior. Changes in children's distress and behavior problems were measured using the *Youth Outcome Questionnaire* (Y-OQ; Burlingame, Wells, & Lambert, 1996). The parents from each participating family chose one child to target in the intervention and to measure with this instrument. This assessment of parents' perception of their child's behavior consisted of 64 items rated on a five-point Likert scale ranging from "Never to almost never" to "Always or almost always." Higher scores were indicative of high distress. The Y-OQ has six subscales: Intrapersonal Distress, Somatic Symptoms, Interpersonal Relations, Social Problems, Behavioral Dysfunction, and Critical Items, which are summed to produce the total score for the child. The Y-OQ is valid and reliable, with reported Cronbach's Alpha of .94 and a test-retest reliability score of .84 (Atkin et al., 1997; Wells, Burlingame, & Lambert, 1999).

Family functioning. To measure the functioning levels of the families involved in the LLL program, each participating parent was asked to complete the *Family Assessment Device* (FAD; Epstein, Baldwin, & Bishop, 1983). The FAD consists of 60 items, each scored on a four-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree"; high scores equate to high distress in the family and low-level functioning. The FAD has seven dimensions: General Functioning, Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, and Behavior Control. The FAD has good internal consistency and test-retest reliability with these scores ranging from .66 -.76 (Miller, Epstein, Bishop, & Keitner, 1985).

Dyadic functioning. The *Revised Dyadic Adjustment Scale* (RDAS) was used to measure the parenting couples' relationship health and functioning level before and after participating in the LLL program (Busby, Crane, Larsen, & Christensen, 1995). The RDAS measures three subscales (consensus, satisfaction, and cohesion) using 14 Likert-scale items, though the subscales were summed and used as a total score in this study. Unlike the Y-OQ and FAD, higher scores on the RDAS actually represent better functioning in the couples being assessed. The RDAS has demonstrated criterion validity with standardized discriminant coefficients of .34, .55 and .32 for the three subscales, as well as good reliability with a Cronbach's Alpha of .90 (Busby et al. 1995). Sample sizes for dyadic functioning are slightly smaller than for the other variables (see Table 3) because some participants did not have a current spouse or romantic partner.

Statistical Analysis

Analyses were intent-to-treat, meaning that all participants were included in the analysis, regardless of treatment attendance. Primary analyses combined data from all three sites (Table 3). Site-specific data is also reported, though with less power due to smaller within-site sample

sizes. Results included pre-post family functioning, dyadic functioning, and child behavior problems scores, mean difference scores (change), and paired t-tests, significance levels, and effect sizes of those changes. If two parents completed pre and post assessments on the same target child, the data from both parents were included in the analysis. Pre-post effect sizes were calculated using the formula suggested by Rosenthal (1991) for matched-pairs data ($r = \sqrt{[t^2/t^2 + df]}$).

Results

Feasibility/acceptability: Session Attendance and Follow-Up Rates

Overall ($N = 162$), participants attended on average 8.62 of the 12 LLL sessions ($sd = 3.04$). BYU participants ($n = 54$) attended 9.57 sessions on average ($sd = 2.45$); USU participants ($n = 61$) attended 7.52 sessions ($sd = 3.17$), and UMN participants ($n = 47$) attended 8.94 sessions ($sd = 3.09$). A majority of overall participants (103 of 162; 64%), as well as a majority of those participants who also completed the post-assessments (93 of 107; 87%), attended 9-12 of the group sessions. Table 3 shows the combined pre-post results from all three sites. (See Table 3).

Child Distress and Behavior Problems

Overall pre-post parent ratings of child distress and behavior problem scores from study baseline to follow-up 12 weeks later improved significantly ($p < .05$) across the Y-OQ total score and all subscale scores (Intrapersonal Distress, Somatic Symptoms, Interpersonal Relationships, Critical Items, Social Problems, and Behavior Dysfunction; see Table 3). Before treatment, participants reported an average total Y-OQ score of 62.01, with a decrease to 43.26 at post-test, resulting in a change score of 18.75 ($p < .05$). All site-specific subsamples also showed significant Y-OQ total score improvements ($p < .05$). BYU participants ($n = 41$ with complete data) reported significant improvement on five of the seven subscales ($p < .05$) (all but Critical Items and Behavior Dysfunction), USU participants ($n = 33$ with complete data) significantly improved on all seven subscales ($p < .05$), and those participants from UMN ($n = 33$ with complete data) reported improvement on six subscales ($p < .05$; all but Behavior Dysfunction).

The full sample's mean change score of 18.75 moved participants from the clinical (scores of 46 or more) to the non-clinical (< 46) range over the course of the LLL program. The 18-point Y-OQ total score average improvement reported by the sample is about 1.5 times the change defined as a clinically significant difference for this scale (Carepaths, n.d.). Thus, in addition to change scores being statistically significant, these improvements also moved participants to the non-clinical range.

Family Functioning

Participants' self-reported *Family Assessment Device* scores significantly improved ($p < .05$) from baseline to follow-up in all seven family functioning areas, including General Functioning, Problem Solving, Communication, Roles, Affective Responsiveness, Affective

Involvement, and Behavior Control (see Table 3). In General Functioning, the overall family functioning subscale of the FAD, participants' scores decreased by 3.22 points, which was statistically significant at the $p < .001$ level. Analysis of smaller, within-site samples showed that participants from the BYU site ($n = 41$ with complete data) reported significant improvement ($p < .05$) on five of the seven subscales of the *Family Assessment Device* (all subscales except Roles and Behavior Control). USU participants ($n = 33$ with complete data) reported significant improvement ($p < .05$) on all seven subscales, while the UMN participants ($n = 33$ with complete data) reported significant improvement ($p < .05$) on three (General Functioning, Problem Solving, and Communication).

Clinical cut-off scores for the General Functioning subscale is a score of 24 or more, representing unhealthy family functioning, with scores of < 24 representing healthy family functioning (Stevenson-Hinde & Akister, 1995). Participants in this study made clinically significant changes in family functioning with an overall pre-test average score of 25.89 and a post-test average of 22.66.

Dyadic Functioning

Participants with partners (91 of the 107 with complete data) reported significant pre-post improvement ($p < .05$) in dyadic functioning measured by the *Revised Dyadic Adjustment Scale* (see Table 3). Participants reported an average pre-test score of 46.15 and post-test score of 49.66, an increase of 3.51. The only site subsample to report statistically significant ($p < .05$) improvement in this area was UMN ($n = 28$ participants with partners), though non-significant changes for both USU ($n = 29$) and BYU ($n = 34$) participants were positive. The overall reported change in pre-test and the post-test scores represented improvement from a clinically distressed score before completing the LLL program (scores of 48 or less), to a non-distressed score after completing the program (> 48) (Crane, Middleton, & Bean, 2000).

Discussion

This study aimed to test the feasibility and usefulness of the LLL parenting education program in helping parents improve their children's behavior, and by extension the functioning of the overall family system and the dyadic parenting subsystem. The results are encouraging, as the 107 parents who completed both pre and post-assessments self-reported both statistically and clinically significant positive change in child distress, family functioning, and the dyadic relationship for those parents in couple relationships. The improvements on the YOQ score, which measure both children's personal distress and behavior problems witnessed by the parent, is particularly salient, as the main goal of the LLL program is to help parents learn to manage their children's behavior. However, the changes in overall family functioning and the parenting dyadic relationship are also expected when examined through a systemic perspective (Cox & Paley, 1997): when a parent is more competent in the parenting role and the child is experiencing less distress and in turn placing less stress on the parent, the parent might be able to relate to other members of the family or a romantic partner in a more positive way than before. Also,

although the concepts of positive communication, boundaries, and individual latitude are taught in LLL from the perspective of a parent relating to a child, many of the techniques and concepts can also be applied to other relationships in the family, possibly encouraging the family- and couple-level improvement seen in this study.

In addition to the improvements in functioning already discussed, there are also implications for those facilitating the LLL program. Given that the facilitators had a wide variety in their education and licensure, the results suggest that professionals across the helping professions such as Certified Family Life Educators, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, and other helpers can facilitate the LLL program.

Limitations

There were several limitations to this study. Most importantly, no control group was employed. Therefore, it is unclear whether LLL was the main contributor to the changes observed in this study, and causal inference cannot be drawn. Second, study follow-up rates were moderate overall (66%) and especially low for the rural USU sample (54%), though attrition analysis showed no significant differences in demographic data or pre-treatment assessment scores between those who did and did not complete the post-treatment assessments. Encouragingly, the follow-up rates for the suburban (the most advantaged) and urban (the least advantaged) samples were somewhat more reasonable (76% and 70%). Third, since all outcomes were taken from self-reported data, there is a risk of social acceptability bias as well as pre-test reactivity in the participants. Fourth, there was no additional follow-up after the post-treatment assessment to evaluate whether changes were maintained over time. Lastly, assessments more proximal to the act of parenting itself, such as parental confidence, and the parents behavior toward their child in the domains of Love, Limits, and Latitude would have been helpful.

Recommendations

To better understand the pathways of change between parent and child and larger couple and family systems, future work on the utility of LLL will include: 1) randomized control trial design, 2) improved focus on follow-up rates, 3) qualitative analysis of the impact of the program on participants' family lives, 4) a six month follow-up for assessments, and 5) assessments more proximal to the act of parenting such as parental confidence and parents' behavior toward their children.

Conclusions

While the conclusions of this study should be interpreted with caution, these preliminary results are encouraging in that LLL program participants from diverse backgrounds showed both clinical and statistical improvement in multiple areas of functioning after participating in the LLL program.

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Table 1*Session Content for Love, Limits and Latitude (LLL) Parent Psychoeducation Program*

| Construct | Session # | Session Title |
|------------------|------------------|---|
| Love | Session 1 | Love through Play |
| | Session 2 | Love through Attention and Praise |
| | Session 3 | Love through Conversation |
| | Session 4 | Love through Routines |
| Limits | Session 5 | Values Help Connect and Set Limits |
| | Session 6 | Limits through Effective Commands |
| | Session 7 | Limits through Rewards |
| | Session 8 | Limits through Consequences |
| | Session 9 | Limits through Time-out |
| Latitude | Session 10 | Latitude through Understanding Self |
| | Session 11 | Latitude through Being Flexible When Your Children Are Inflexible |
| | Session 12 | The Art of Parenting: Putting It All Together |

Table 2*Demographics of Participants Overall and by Site*

| | Overall | BYU | USU | UMN | |
|---------------------------|-----------------------|---|--|---|---|
| | <i>N</i> | 162 | 54 | 61 | 47 |
| Gender | Male | 26.5* | 42.6 | 21.3 | 14.9 |
| | Female | 73.5 | 57.4 | 78.7 | 85.1 |
| Race | Caucasian | 57.4 | 96.3 | 59.0 | 10.6 |
| | Native American | 10.5 | 0.0 | 23.0 | 6.4 |
| | African American | 23.5 | 0.0 | 1.6 | 78.7 |
| | Other | 4.3 | 1.9 | 6.6 | 4.3 |
| Marital Status | Married | 67.9 | 77.8 | 83.6 | 36.2 |
| | Engaged | 3.1 | 0.0 | 3.3 | 6.4 |
| | Single | 13.6 | 3.7 | 4.9 | 36.2 |
| | Remarried | 3.7 | 5.6 | 0.0 | 6.4 |
| | Separated | 4.3 | 5.6 | 1.6 | 6.4 |
| | Divorced | 7.4 | 7.4 | 6.6 | 8.5 |
| | Years of Marriage | <i>m</i> = 7.97 <i>sd</i> = 7.152 <i>max</i> = 31 | <i>m</i> = 10.98 <i>sd</i> = 6.583 <i>max</i> = 31 | <i>M</i> = 9.03 <i>sd</i> = 7.333 <i>max</i> = 25 | <i>M</i> = 3.42 <i>sd</i> = 5.167 <i>max</i> = 24 |
| Annual Income | Up to \$10,000 | 27.2 | 11.1 | 24.6 | 48.9 |
| | \$10,001 - \$20,000 | 13.6 | 3.7 | 14.8 | 23.4 |
| | \$20,001 - \$30,000 | 13.6 | 14.8 | 13.1 | 12.8 |
| | \$30,000 - \$40,000 | 19.1 | 25.9 | 18.0 | 12.8 |
| | Over \$40,000 | 20.4 | 40.7 | 16.4 | 2.1 |
| Employment | Full-time | 39.5 | 48.1 | 39.3 | 29.8 |
| | Part-time | 10.5 | 11.1 | 8.2 | 12.8 |
| | Unemployed | 38.9 | 29.6 | 42.6 | 44.7 |
| | Retired/Disabled | 3.7 | 0.0 | 3.3 | 8.5 |
| | Other | 1.2 | 3.7 | 0.0 | 0.0 |
| Education | 4-year Degree or More | 13.6 | 33.3 | 4.9 | 2.1 |
| | 2-year Degree | 9.3 | 13.0 | 8.2 | 6.4 |
| | Some College | 22.8 | 22.2 | 31.1 | 12.8 |
| | High School or GED | 33.3 | 20.4 | 45.9 | 31.9 |
| | Less than High School | 11.7 | 0.0 | 0.0 | 40.4 |
| Number of Children | | <i>m</i> = 3.10 <i>sd</i> = 1.716 <i>max</i> = 9 | <i>m</i> = 3.37 <i>sd</i> = 1.766 <i>max</i> = 7 | <i>m</i> = 3.33 <i>sd</i> = 1.867 <i>max</i> = 9 | <i>m</i> = 2.53 <i>sd</i> = 1.316 <i>max</i> = 6 |

*Data are reported in percentages unless otherwise noted

Note: Percentages may not sum to 100% because of missing demographic data

Table 3*Overall Pre-post FAD, RDAS, and YOQ Results*

| | <i>n</i> | Pre-test | | Post-test | | Change | <i>t</i> | <i>p</i> | <i>r</i> |
|---|----------|-------------|-----------|-------------|-----------|--------|----------|----------|----------|
| | | <i>mean</i> | <i>sd</i> | <i>mean</i> | <i>sd</i> | | | | |
| <u>Youth Outcome Questionnaire</u> | | | | | | | | | |
| Intrapersonal Distress | 107 | 18.78 | 11.11 | 13.64 | 10.81 | 5.14 | 5.55 | .000*** | 0.47 |
| Somatic Symptoms | 107 | 6.61 | 4.94 | 4.43 | 3.54 | 2.18 | 5.52 | .000*** | 0.47 |
| Interpersonal Relations | 107 | 8.60 | 7.31 | 4.33 | 5.94 | 4.27 | 5.92 | .000*** | 0.50 |
| Critical Items | 107 | 6.71 | 5.05 | 5.23 | 3.77 | 1.48 | 3.00 | .003** | 0.28 |
| Social Problems | 107 | 5.15 | 4.54 | 2.75 | 3.31 | 2.40 | 5.56 | .000*** | 0.48 |
| Behavior Dysfunction | 107 | 16.17 | 8.78 | 12.89 | 7.25 | 3.28 | 4.21 | .000*** | 0.38 |
| Total Y-OQ Score | 107 | 62.01 | 34.51 | 43.26 | 29.33 | 18.75 | 6.00 | .000*** | 0.50 |
| <u>Family Assessment Device</u> | | | | | | | | | |
| General Functioning | 107 | 25.89 | 6.77 | 22.66 | 6.18 | 3.22 | 5.12 | .000*** | 0.45 |
| Problem Solving | 107 | 13.43 | 3.08 | 11.81 | 2.48 | 1.62 | 5.38 | .000*** | 0.46 |
| Communication | 107 | 20.92 | 4.32 | 18.94 | 3.51 | 1.97 | 5.09 | .000*** | 0.44 |
| Roles | 107 | 26.87 | 5.08 | 25.18 | 4.65 | 1.69 | 3.65 | .000*** | 0.33 |
| Affective Responsiveness | 107 | 13.01 | 3.67 | 11.90 | 3.26 | 1.11 | 3.54 | .001** | 0.32 |
| Affective Involvement | 107 | 16.20 | 3.32 | 15.18 | 3.43 | 1.02 | 3.25 | .002** | 0.30 |
| Behavior Control | 107 | 17.79 | 4.26 | 16.53 | 4.16 | 1.26 | 3.43 | .001*** | 0.32 |
| <u>Revised Dyadic Adjustment Scale</u> | | | | | | | | | |
| Total Score | 91 | 46.15 | 12.13 | 49.66 | 10.10 | -3.51 | -3.91 | .000*** | 0.38 |

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

