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THE REDUCTION OF PARENT-YOUTH PROBLEMS BY RECIPROCITY COUNSELING

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Summary—A reciprocity counseling program had previously been used for adult marital problems and for child classroom problems. The present study extended the method to youth problems in the home and community with 29 youths aged 6–16, including 12 teenagers. The principal features of the components of the program were reciprocal behavioral contracting, positive communication training and self-correction. The number of problems reported by the parents and youths decreased by about 75% after counseling vs little or no decrease for the wait-listed controls. The ratings of problem severity were also reduced and endured at the 6-month follow-up.

INTRODUCTION

Classroom problems of primary grade school children have been treated by behavioral programs, especially by contingent praise of the positive behaviors (O'Leary *et al.*, 1969; Hall *et al.*, 1968; O'Leary and O'Leary, 1976). The most common behavioral treatment of older children has been the behavioral contracting method, used as the primary method by Tharp and Wetzel (1969), Stuart (1971), Eyberg and Johnson (1974) and Fo and O'Donnell (1974) as well as with younger children by Patterson and Reid (1973). Often some type of communication or problem-solving training has also been used (Alexander and Parson, 1973; Blechman *et al.*, 1976; Patterson *et al.*, 1968).

The present study attempted to apply a previously developed reciprocity model of counseling to the office treatment of juvenile problems. This reciprocity format had previously been used for marital problems of adults (Azrin *et al.*, 1973; Azrin *et al.*, 1980) and to classroom problems of young children (Besalel *et al.*, 1977). The central features of the program were attention to the responses and reinforcers of the child as much as of the parent, communication training based on a reinforcement analysis of the communication process, use of self-correction and over-correction (Azrin and Besalel, 1980) as an alternative to punishment, behavioral contracting in which the child and parent alternated in initiating requests and inclusion in the counseling of all persons seriously affected by the problem situation. The counseling was designed to be brief, similar to the brief format used by Alexander and Parsons (1973), only four sessions over a one month period. In accord with the reciprocity model vs a parent-imposed model, the dependent measure included a youth-defined list of problems in the relationship as well as a parent-defined list of problems.

METHOD

Subjects and experimental design

Twenty-nine youths participated in the study from 25 families. The families were referred primarily by other agencies including the police, probation officers, social workers, school guidance counselors, school administrators and teachers for severe behavior problems. The youths were 6–16 years old, with a mean age of 11 years, 12 of whom were teenagers and 19 were males. The principal problems leading to the referral

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were chronic stealing, physical aggression, truancy and lack of parental control. A coin flip determined assignment to either a wait-listed control group or the immediate counseling group. Two youths who had been assigned to the immediate counseling group had discontinued after 1 or 2 sessions and three youths assigned to the wait-listed group did not return for the posttest after the wait period, leaving 29 youths from 25 families as the subjects. Seventeen youths were in the wait-listed group and 12 in the immediate counseling group. After a 5-week waiting period, the wait-listed youths were given the same four sessions of counseling as the immediate counseling group had received. This design permitted a between and within groups comparison.

Assessment

The assessment instrument consisted of a list of 119 common problems or complaints which parents had expressed about their children in preliminary studies. A second list of common problems or complaints about parents by their children served as the assessment for the children; the problems were grouped into eight categories: (1) communication; (2) friends and activities; (3) home rules and privileges; (4) curfew; (5) appearance; (6) money; (7) chores; and (8) school. The list of problems was used as an initial evaluation of a reinforcement program for problems of such a great diversity that they did not easily permit direct behavioral measures. Also, the subjects rated each of the eight problem categories as to their overall problem severity on a 0-5 point scale where '0' was designated as 'not a problem' and '5' as a 'very severe problem.' The instruments were administered (1) prior to counseling, (2) at the end of counseling at the fourth session and for the wait-listed group (3) at the end of the 5-week waiting period. A 6-month follow-up reassessment was conducted using the problem severity measure.

Procedure

The counseling sessions were about 1.5 hours in duration and were scheduled about one week apart. Four counseling sessions were given. Every effort was made to include both of the parents in the sessions which always included the youth and at least one parent. If the problem presented by the youth involved other persons, such as the victim of a theft or burglary, a referring teacher, school administrator or a parole officer, that person was also included, if not in person, then by an arranged phone contact to participate in reciprocal agreements with the youth.

The counseling consisted of several procedures which are described briefly below; most have been described in the previous reports of the reciprocity method with adults and school children.

Existing reciprocity of reinforcement. At the first session the youth and parent separately listed "What my child (parent) does for me" and "What I do for my child (parent)." Each item was then read aloud to the other and prompts given to the other person by the counselor to acknowledge the receipt of each of the reinforcers being described.

Session review of reciprocity of reinforcement. At the start of each session, the parent and youth were prompted to list the reinforcers which had been received since the last session rather than being invited to list problems. Similarly, to prompt positive statements from the other person, each client listed several of his/her own positive attributes ('self-praise procedure').

Behavioral goals. At the first session, the parent and youth separately described and listed their counseling goals which were then rephrased, if necessary, in behavioral terms, designating the positive behaviors desired. These goals were then used as the referent for making requests in the behavioral contracts. A prompting list was used, if necessary, to expedite this listing.

Behavioral contracting. The parent and child made written and signed agreements regarding changes they would make in their behavior. They alternated in making a request such that after the child had reached agreement on a request made by the parent, the child then made a request, etc. The request was to be phrased in terms of a desired positive behavior. The client was taught to describe which aspects of the requested action

were agreeable and then to suggest possible alternatives for the other aspects using variations of (a) time, (b) duration, (c) place, (d) nature and degree of the actions as a basis for a compromise agreement. No request was to be refused outright. When an agreement was reached, it was sealed with a handshake and a secondary agreement was made as to what type of reminder would be acceptable should the agreement be forgotten.

Increasing non-contingent reinforcement. To establish the child and parent as a general source of reinforcement, training was given in three different modes of non-contingent reinforcement, (1) as an 'offer to help' whenever the other was busy, (2) a 'pleasant surprise' and (3) a 10 minute 'happy-talk' period during which they were to discuss only pleasant events of interest to each other, avoiding all problems or problem-solving. For the child, training was also given in positive greetings after a period of absence. Examples of offers-to-help, possible surprises and happy-talk periods were described and rehearsed and at least one episode of each was to be performed daily as a home assignment and were reviewed at each session.

Self-correction, overcorrection and positive practice. To eliminate the use of punishment, either physical or by withdrawal of privileges, the use of self-correction was taught when the child misbehaved or made an error (Azrin and Besalei, 1980). At such times, the child was to correct the situation or, if the problem created was severe or continuous, to overcorrect it. For example, if the child hurt a sibling, overcorrection consisted of reassuring and then actively pleasing the sibling. If the overcorrection was not sufficient, the parent imposed positive practice in which the child was required to practice or verbally describe behaviors which would prevent the problem. To further discourage possible punitive actions, the parent was to provide a forewarning before imposing any positive practice requirement. Only if all else failed was the parent to withdraw privileges.

All areas of interaction. To improve all areas of family interaction, behavioral contracts were prompted in all eight areas of chores, school, conduct problems, curfew etc. which was designated in the problem severity assessment.

Positive communication training. Training was given in giving noncontingent verbal reinforcers (compliments) as well as contingent ones (appreciations). If a reinforcer was given but not acknowledged, an 'appreciation reminder' was used by pointing out the activity to the recipient. The happy-talk procedure noted above constituted another method of promoting verbal reinforcement.

Positive request procedure. Whereas the positive communication training attempted to increase the general level of reinforcing communication, the positive request procedure was designed to communicate in a manner that would facilitate reinforcement rather than having intrinsic reinforcing values. When the person desired a reinforcer from the other family member, the communication was (a) to be phrased as a request rather than as a command to permit flexibility of the manner of providing the reinforcer, (b) to specify what positive action was desired rather than what should be discontinued, and (c) refer to the future rather than the past since only the future actions could be modified.

'No-blame' procedure. The 'no-blame' procedure was also a reinforcer facilitator but was concerned with the manner of communicating when annoyed such that a critical (aversive) comment would not be directed at the other person. The general rationale was to direct the comments at the situation, oneself, and to future events. The rule was to (a) describe the problem situation in descriptive impersonal terms, (b) to suggest a possible impersonal situational cause of the problem and (c) to suggest a possible contributory role of one's own actions or inactions as the cause of the problem. Then, the positive request rule noted above was to be used as a means of suggesting what the other person could do to correct the problem, or to prevent future recurrences.

RESULTS

Table 1 presents the mean number of problems reported by the parents and youths for the immediate counseling group (upper portion of the table) and the wait-listed counseling group (lower portion of the table). The parent-defined measures were taken from the

Table 1. Mean number of parent-defined and youth-defined problems for the immediate counseling group (upper table) and the wait-listed counseling group (lower table; $N = 29$)

	Immediate counseling group		
	Pre-test	Post-counseling	
Parent-defined problems	37.5	10.7	-71%
Youth-defined problems	19.7	3.9	-80%

	Wait-listed counseling group			
	Pre-test	Post-wait period	Post counseling	
Parent-defined problems	33.0	34.0	16.7	-51%
Youth-defined problems	22.0	17.7	6.5	-70%

parent primarily concerned with the youth—usually the mother. The pre-test number of problems at pre-test differed by less than 12% between the two groups, both for the parent and youth-defined problems. The number of problems after the waiting period showed only slight nonsignificant changes whereas the post-counseling scores of the immediate counseling group showed a 71% reduction of problems for the parents and 80% reduction for the youths. Once counseling occurred for the wait-listed clients, they showed a 51% reduction of problems for the parents and 70% for the youths. A *t*-test for independent means showed that the post-counseling scores of the immediate counseling group were significantly less than the post-waiting period scores for the wait-listed group for the parent problems ($P < 0.001$) as well as for the youth problems ($P < 0.001$).

Table 2 presents the mean severity rating of the problems for the two groups and for the parent- and youth-defined problems. As was also true of the number of problems, the pretest scores for the severity ratings differed between groups by a slight and nonsignificant degree. Similarly, the waiting period was followed by only a slight and nonsignificant change in problem severity. After counseling in the immediate counseling group, the ratings of severity decreased about 62% for both the youth ratings and the parent ratings. The severity scores after counseling for the immediate counseling group were significantly less than those after the waiting period of the wait-listed group for both the parents ($P < 0.001$) and the youths ($P < 0.001$). At the 6-month follow-up, the improvement was maintained at about a 64% reduction of severity for both groups and for parents as well as youths.

DISCUSSION

The initial development of the reciprocity type of program had been with married couples, for whom the coequal status for the partners seemed particularly applicable

Table 2. Mean severity rating of parent-defined and youth-defined problems for the immediate counseling group (upper table) and the wait-listed counseling group (lower table). A score of 5 is designated as 'a very severe problem' and a score of 0 is designated as 'not a problem'

	Immediate counseling group		
	Pre-test	Post-counseling	6-Month follow-up
Parent-defined problems	2.6	1.0	0.93
Youth-defined problems	2.1	0.8	0.76

	Wait-listed counseling group			
	Pre-test	Post-waiting period	Post-counseling	Follow-up
Parent-defined problems	2.6	2.3	1.41	0.93
Youth-defined problems	1.8	1.4	0.54	0.68

(Azrin *et al.*, 1973). For the parent-child or teacher-student relationships, however, the general societal orientation has been that of a hierarchical authoritative relationship in which the adult ultimately defines the nature of the problem and the reinforcers to be used in its resolution. For older children, especially teenagers, the concept of greater equality with adults seems more relevant. The present results with youths and teenagers indicate that the reciprocity model is applicable to teenage problems.

The response measures in this study were self-reports rather than behavioral observations by another person and must, therefore, be interpreted with caution until supportive data based on direct observation of specific types of behavior are available. The present study may be viewed as an evaluation of the feasibility of a reinforcement-based program the precise behavioral outcome of which must await these additional measures.

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