

PREDICTORS OF MINORITY PARENTS' PARTICIPATION IN A SCHOOL LINKED  
SELECTIVE PREVENTION PROGRAM FOR AGGRESSIVE CHILDREN

A Dissertation

by

CLARISSA MARIE ESCOBAR

Submitted to the Office of Graduate Studies of  
Texas A&M University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2003

Major Subject: Psychology

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## ABSTRACT

Predictors of Minority Parents' Participation in a School Linked Selective Prevention Program for Aggressive Children. (August 2003)

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The present study examines the issue of minority participation in a multifaceted prevention program for youth with problem behavior. Historically, participation in such research programs has been low (Myers, Alvy, Richardson, Arrington, Marigna, Huff, Main, & Newcomb, 1990; Coie, 1996; Spoth & Redmond, 2000). Targeted prevention programs, which design their interventions for populations that are susceptible to negative outcomes, face more obstacles to participation than most participants of universal prevention programs. Targeted populations, specifically families with children with problem behavior, are usually under great duress, suffer multiple hardships, and have high adversity characteristics, (e.g., low socioeconomic status, insularity, single-parent families, and low levels of education). As has long been documented, minority status is usually associated with this heightened risk status (Prinz & Miller, 1991). A common suggestion in the prevention and therapeutic treatment literature is the use of minority staff members to increase the likelihood of participation of minority parents (Prinz, Smith, Dumas, Laughlin, White & Barron, 2001). This argument is most prevalent in the literature regarding Latino clients (Sue, Fujino, Hu, Takeuchi, & Zane, 1991). This study attempts to predict minority parents' participation quality (PQ) from demographic variables (e.g., level of adversity, ethnicity), participation rate (PR) (e.g., amount of

participation measured by minutes and contacts), and ethnic matching. This study also offers insight on how PQ and PR relate to one another. The results of this study imply that PQ and PR relate differently for Latino parents than they do for parents from other ethnicities. The relationship of these variables has implications for frequency of dosages in an intervention, especially for interventions that attempt to reach distinct populations.

For both my families-  
my present one and especially my future one.

For every piece of Spanish wisdom Grandpa offered,  
For every blade of grass Grampy cut,  
For every rosary and prayer Nanny prayed,  
For every dish my Mother washed,  
For every time my Father sat down at the kitchen table to pay the bills,  
For every holiday I never saw Tia sit down to eat,  
For every meal Tite prepared and paid for,  
For every special occasion dress and meal Elda bought,  
For every time Mimi drove and paid for my meal,  
For every time Mar listened for hours, "coached" me, and paid for my meal,  
For every time Chuck dreamed of paying for everything (and now has),  
For every task Christy ever had to do,  
For every smile from Bianca,  
For every scary time I needed Michael to be in charge,  
For every time Tessie made me feel good about being her big sister,  
For every day for 5 years that Laura stood by me,  
For every time Cindy & Rick walked to San Juan,  
For every time Ricky shared his heart with me,  
For every french fry Brian and I ate together,  
For every graduation Steven attended,  
For every book Bob Dan reads,  
For every M&M I ate from Uncle Opie's & Aunt Norma's candy dish after school,  
For every shy smile and hello from Andrew, Alyssa, and Aaron,  
For every date Eloina tried to set up,  
For every song Marcus sang with his guitar,  
For every time Carlo let me call him Car-Car-Car-Carlo,  
For every step Orlando let me carry him up when he was 5,  
For every tap in Brandi's dance,  
For every joke Derek makes,  
For every game we watched and played at Uncle Bob's,  
For every day in junior high that Aunt Bea kept an eye out,  
For that time Xavi & Jenni took me to dinner when I was a freshman at Baylor, and  
For the joy Megan, Savannah, Nicolas, and Ben bring with them when they visit,  
For the numerous Christmas celebrations at Uncle Ben and Aunt Carmen's,  
For every word of support from Orlando,  
For every hour of work Jamie has put into getting his degree,  
For every thoughtful gift Uncle Joe and Aunt Mary gave me,  
For every time Dolores taught me how to play defense and how to win,  
For every game the #9 was worn with pride & inspiration because of Uncle Danny,  
For every story I've heard about Uncle Ricky and Grandma,  
For every tiny memory I have of 'buelito,  
It was these things that kept me going all these years.  
I would not be who I am, or where I am without all of you.

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## INTRODUCTION

The present study examines the participation of minority parents in a school-linked selective prevention program. Actively engaging participants in prevention intervention is integral to the successful application of prevention science to program development and efficacy (Dodge, 2001; Spoth & Redmond, 2000; Lochman, 2000; Prinz & Miller, 1996). In a report on the prevention of mental disorders, the Institute of Medicine acknowledged that, “appropriate participants must be identified and their cooperation secured, requiring ‘a plan to successfully engage targeted participants’ ” (as cited in Spoth & Redmond, 2000, p. 268). In the PrimeTime program, the prevention program from which the present study was drawn, the task of successfully recruiting and engaging participants is more daunting than successfully engaging participants in traditional therapeutic modalities because potential participants are not asking or looking for help. Instead, potential participants are offered services or help. Additionally, the selective status of the potential pool of participants indicates high-risk for future negative outcomes. High-risk factors include adverse socio-demographic variables such as low levels of education, unemployment, and single-parent homes. These factors are often obstacles or barriers to participation (Kazdin, Holland, & Crowley, 1997; Echeverry, 1997; Kumpfer, 1991). Additionally, ethnic minority group membership is associated with low participation, and many ethnic minorities face adverse sociodemographic factors (Echeverry, 1997; Dinges & Cherry, 1995).

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This dissertation follows the style and format of The Journal of Clinical Child Psychology.

Further, ethnic minority status and sociodemographic adversity are difficult variables to tease apart (Prinz & Miller, 1991; Dumas & Wahler, 1983). Variables associated with ethnicity also must be considered when attempting to investigate participation in selective prevention programs. The treatment literature suggests that matching ethnicity of therapist and client decreases the likelihood of premature termination, drop-out, and is even linked to benefit from treatment (O'Sullivan and Lasso, 1992; Sue, Fujino, Hu, Takeuchi, & Zane, 1991). This occurs primarily for Latinos who are involved in therapeutic services (Sanchez & Atkinson, 1983; Sue et al., 1991).

Prevention research suggests that ethnic matching when paired with socioeconomic similarity between consultant and family facilitates active participation (e.g., raising hands to answer questions, doing homework) in parent intervention sessions (Orrell-Valente, Pinderhughes, Valente, Laird, & CPPRG, 1999). Despite a common contention by many prevention researchers and those that study engagement that ethnic matching is a valuable asset for intervention process and therapeutic engagement, there is little work to substantiate this assertion (Prinz, et al., 2001). Predicting minority parents' participation in selective prevention programs calls for an examination of factors that affect ethnic minority parents and families.

#### Understanding the Relationship Between Constructs of Participation

The scientific research base on recruiting and engaging participants in prevention programs is limited. This limited knowledge base regarding participation in prevention programs is further confounded by the lack of clarity and consensus in the definition of participation. Participation in preventive intervention programs is difficult to measure because in these programs, more than in traditional treatment settings, there seems to be other aspects to the participation process. Orrell-Valente,

Pinderhughes, Valente, Laird, & CFFRG, (1999) examined parent participation in a comprehensive targeted prevention program. In their study, they attempted to differentiate participation rate from participation quality. Orell-Valente, et al. (1999) defined participation rate (PR) as frequency of attendance and drop-out, and participation quality (PQ) as active involvement in parent training sessions. Orell-Valente, et al. (1999) base their definition of PQ on the work of Patterson & Chamberlain (1988) who note that in interventions for childhood conduct problems, it is necessary that parents actively participate in parent skills training in order to produce successful child outcomes. Orell-Valente et al.'s (1999) definition of PQ differs from Prinz & Miller, (1996) who first called for the distinction between the two sub-constructs (PR & PQ). Prinz & Miller (1996) define PQ as parent engagement with the group leader (or consultant) which can be approximated to the therapist in a therapeutic relationship. Prinz & Miller's definition of PQ seems to be more expansive and continuous rather than the definition of Orell-Valente et al. (1999) which seems to be limited to moment-to-moment interactions. Therefore from the point of view of Prinz & Miller (1996), PQ is thought to be therapeutic engagement.

Orell-Valente et al.'s (1999) conceptualization of PQ is problematic because they distinctly attempt to differentiate between PQ and therapeutic engagement. Additionally, the definition that Orell-Valente et al. (1999) proposed for PQ was only partially supported. Their results also did not support the hypothesis that therapeutic engagement is a mediator between parent characteristics and participation quality. Parent demographic variables, however, did predict PR and PQ. Therefore it seems that parceling out therapeutic engagement from PQ is problematic and is not empirically supported.

Prinz & Miller (1996) maintain PQ should be defined as parent engagement. Prinz & Miller (1996) define engagement as the “participation necessary to obtain optimal benefits from an intervention”, (pg. 382). The distinction between PR and PQ has yet to be empirically supported (Prinz & Miller, 1996). This study is an attempt to examine the relation between PR and PQ, and to study the correlates of parent PQ in an intervention for children at risk for conduct problems.

In the present study, PR will be defined as the frequency and duration of participation in components of the intervention. (Measurement of PR will be discussed in the Methods section of this paper.) PQ is defined as the level of therapeutic engagement characterized by collaborative involvement and mutual trust, support, and acceptance in the therapeutic relationship. In a sense, PQ is akin to a therapist-client “working alliance” (Bordin, 1976). Cavell (2000) asserts that the therapeutic alliance, in this case the PQ, is the key to effective work with parents of aggressive children.

#### Influences on Participation Quality (PQ)

When considering what might be the possible influences on PQ in school-linked interventions for parents and families of children at risk, there are several sources to consider: situational demands and constraints, parent variables, therapist/consultant variables, and in this case, teacher variables. Teacher variables play a role in this study and many other school-linked interventions because effective home-school collaboration usually comprises one of the intervention goals. Consequently, the child’s teacher plays an important role in the process of intervention participation and therapeutic engagement.

### Participation Rate (PR) and Family Adversity

Situational demands and constraints are often related to rate of participation (PR), but can also affect quality of participation (PQ) in a less obvious way (Prinz & Miller, 1996; Kazdin, et al., 1997). These demands and constraints (e.g., little access to transportation, high costs of services, unemployment) have been characterized as “barriers to treatment” and often prevent parents marked with high levels of adversity from regular intervention participation (Kazdin, et al., 1997; Kumpfer, 1991; Echeverry, 1997). Regular attendance to intervention is necessary in order to initiate and sustain a working therapeutic alliance (Prinz & Miller, 1994; Patterson & Chamberlain, 1988). In most circumstances, PR is thought to be positively correlated with PQ, especially in traditional therapeutic modalities. However, school-linked/community preventive interventions are qualitatively different than clinic-based services. Many preventive intervention programs include services or tailor the delivery of their services to meet the needs of the population they are serving. These tailored approaches are needed because parents are not seeking help or requesting services, and the risk status of families in targeted prevention programs often means they are highly disorganized, more resistant, and are plagued by multiple problems which decrease the likelihood of stable participation (Dumas & Wahler, 1983; Prinz & Miller, 1991; Coie, 1996; Lochman, 2000). Such tailoring of the interventions maximizes rate of participation. Examples of services that maximize participation include offering transportation to participants, offering free services, compensating participants for their participation, and using home-visitation for intervention service delivery (Capaldi & Patterson, 1987; Cavell & Hughes, 2000; Hernandez & Lucero, 1996; Harachi, Catalano, & Hawkins, 1997). If such services are fulfilling their

purpose, the relation between PR and PQ can potentially differ from its usual positive slope: participation rate would be less reflective of PQ because participating requires little “effort”, and few barriers to overcome.

In an earlier study conducted on the same sample used in the present study, parents’ level of adversity positively predicted rate of participation (Jefferson, 1998). These finding seems contradictory until the nature of the intervention service delivery is considered. Home-based intervention service delivery made participation in this program easy. The parents who exhibited the most need received much more of the consultant’s time and effort compared to families in less adverse circumstances (Jefferson, 1998). (PR was measured by number of minutes and face-to-face contacts.) Jefferson (1998) found that PR was unrelated to treatment outcome for this sample. It is unknown how these qualitative differences of prevention program service delivery impacted PQ, but we do know that high adversity families received more home visits from consultants, which resulted in relatively high PRs.

The relationship between PQ and PR may differ as a function of family adversity (Prinz & Miller, 1991). For example, several parent/family characteristics have been shown to be significantly associated with parent participation. For example, Kazdin found that mothers who were young, single parents, and had greater socioeconomic disadvantage were more likely terminate clinic based services prematurely for their child’s conduct problems (Kazdin, et al., 1993; Kazdin et al., 1997). Additionally, lower levels of education have been associated with premature termination and drop-out from parent interventions (Spoth & Redmond, 2000; Firestone & Witt, 1982). Dumas & Wahler (1983) found that insularity (social isolation) and socioeconomic disadvantage also contribute to premature termination

from services. Prinz & Miller (1994) found that parents with low socioeconomic status were more likely to drop out from parent training if parent concerns and stress were not discussed as part of therapeutic services. Therefore, some important demographic variables associated with participation rate and dropout were socioeconomic disadvantage, single parent status, age, and level of education. It is less clear how these demographic variables are associated with PQ. On the surface, it would seem that family adversity would be inversely related to PQ. The literature also informs us that high adversity may result in more attention from clinicians/consultants, use of more ancillary services, and therefore a high rate of participation in interventions (Jefferson, 1998; Prinz & Miller, 1996; Spoth & Redmond, 1994). It is unknown how these superficial high rates of PR relate to PQ. Therefore family adversity is likely differentially associated with PR and PQ.

### Ethnicity

Another parent demographic variable that has been associated with intervention participation is ethnicity, or more precisely, being a member of an ethnic minority group (Kazdin, 1990; Kazdin, et al., 1993; Kazdin, 1997; Dumas & Wahler, 1983; Orell-Valente et al., 1999; Prinz & Miller, 1991). Ethnic minority membership is usually associated with low participation rate. In the psychotherapy literature, the underutilization of mental health services has long been documented (Escobar, 2000). With respect to parent-intervention, being an ethnic minority, (usually African-American) is associated with lower rates of participation (Dinges & Cherry, 1995; Kazdin, 1990, Orell-Valente, et al., 1999). However, it seems that it is not ethnicity alone that accounts for these differences, but rather underlying constructs associated with ethnicity, like culture or historical experience and variables that are confounded



with ethnic minority status such as low socio-economic disadvantage. For example, African-American status may be associated with lower rates of participation or utilization of services due to the longstanding societal stressors that hinder participation (e.g., socioeconomic status & class distinctions) (Dumas & Wahler, 1983). Additionally, Tucker (1999) asserts that participating in parent interventions or training may not be culturally sanctioned for African-Americans. Another posited hindrance to participation is the expectations that interventions will be irrelevant to African-American cultural values (Orell-Valente, et al., 1999; Tucker, 1999).

For Latino parents and families, inadequate participation rate and quality of mental health services is also problematic. However, there is some evidence that ethnic matching can help counter low participation (Sue, et al., 1991). The benefits of ethnic matching are most evident in the psychotherapy literature, but the benefits have yet to be substantiated in prevention intervention programs. Ethnic matching is thought to affect PQ by way of the therapeutic alliance (Prinz, et al., 2001). It is thought that participants who feel understood and feel trust will be more engaged in the therapeutic process (Prinz & Miller, 1996; Orell-Valente et al., 1999; Alkon, Tschann, Ruane, Wolff, & Hittner, 2001). For some participants, the consultant being of ethnic minority status may facilitate engagement.

### Ethnic Matching

Two studies have examined the relation between ethnic similarity and participation rate and quality. The first is an earlier study conducted on consent to participate. Escobar (2000) examined the effect of ethnic similarity on consent to participate in the PrimeTime program, (Cavell & Hughes, 2000) a comprehensive prevention program that targeted aggressive children, from which Escobar (2000)

derived her study. Results showed that significantly more consents from Latino parents during the screening process resulted when teachers nominating the child were ethnic minority group members (African-American or Latino/a). This finding was not true for African-American parents. Although teachers are not prevention program personnel per se, these findings are suggestive of the importance of ethnic similarity for recruitment. Perhaps Latino parents compared to African-American parents were more apt to trust teachers and the school system because of Latino cultural values (e.g., *respeto* (respect)) which involves deference to authority (Simoni & Perez, 1995; Comas-Diaz, 1988).

Escobar (2000) did not find higher consent rates when the prevention program parent consultants were of a similar ethnic/racial background as parents. However, analyses were not conducted separately by ethnicity due to low *ns* for pairings of African-American and Latino parents with minority case manager. The results might have differed if analyses for Latinos and African-American parents could have been conducted separately.

Only one other empirical study was found that examined participation rate and quality of minority families in comprehensive targeted prevention programs. Orell-Valente et al., (1999) used data came from the Fast Track project (CPPRG, 1992), a comprehensive prevention program offering universal and targeted components for children displaying aggressive and antisocial behavior. Unfortunately, this sample does not include Latinos; only African-American and European-American families. Earlier it was noted that Orell-Valente et al. (1999) used a conceptualization of PQ that differed from the conceptualization in the present study. Orrell-Valente et al. (1999)

differentiated PQ from therapeutic engagement, and used a definition of PQ that was limited in scope and time.

This problematic conceptualization led to questionable measurement of PQ. PQ was measured by the consultant's rating of parents' active involvement during the group training sessions (e.g., volunteering to do role plays, discussing homework and examples, asking questions). In their study, Orell-Valente et al., (1999) hypothesized that therapeutic engagement would mediate the relationship between parent variables and participation quality, defined and measured as level of involvement during sessions. (PQ and therapeutic engagement are not usually differentiated, and the use of therapeutic engagement in this way was not supported.)

Therapeutic engagement was measured by Orell-Valente et al., (1999) by using a 14 item scale developed for the purposes of their study. The scale measured three components, (a) Consultant beliefs about parent responses (e.g., "do you think this parent respects what you have to offer?"), (b) Consultant's ability to remain empathic and supportive (e.g., "how difficult is it for you to maintain a friendly and receptive attitude to this parent?"), and (c) Consultant's ability to remain effective in teaching and confronting (e.g., "how effective do you think you have been in providing emotional support to this parent?"). A composite score was yielded from these three scales, and was used in their analyses. Therapeutic engagement was not rated by the parents.

Orell-Valente et al. (1999) did find that level of involvement during group sessions was significantly lower for African-American parents compared to other ethnicities, but rate of participation was not. Additionally, ethnic similarity between family coordinator and parent was found to predict level of therapeutic engagement, but only when it was paired with socioeconomic similarity as well. In other words,

ethnic similarity alone did not predict level of therapeutic engagement. These researchers also found that the level of therapeutic engagement between the parent and the family coordinator was positively associated with participation rate and quality (measured as rated level of involvement during sessions). Therefore, for the sample used in Orrell-Valente's study (1999), use of ethnically similar personnel was not sufficient to influence therapeutic engagement. However, research on ethnic similarity in prevention programs needs to be expanded before definite conclusions can be drawn.

Research in treatment literature lends more support to the notion that ethnic similarity is particularly important for Latinos. O'Sullivan and Lasso (1992) and Sanchez & Atkinson (1983) both provide evidence for positive influences on participation when Latinos were ethnically matched with therapists. O'Sullivan & Lasso (1992) found that Latino clients stayed in therapy longer and had lower drop out rates when matched with Latino therapists. Sanchez and Atkinson (1983) indicated that preference for ethnicity of therapist in Mexican-American college students in California varied as a function of commitment to cultural values. Sanchez and Atkinson (1983) found that the degree of Latino cultural commitment match was more important than an ethnic/racial match. Students who rated themselves as highly committed to the Mexican culture showed the greatest preference for an ethnically similar therapist. Further supporting this notion, Sue, Fujino, Hu, Takeuchi, & Zane (1991) found that ethnic match was related to length of treatment and treatment drop out for Mexican-Americans. Their study evaluated Asian-American, African-American, Mexican-American and Euro-American clients attending a county mental health outpatient setting in Los Angeles. Mexican-Americans were less likely to drop

out, and stay in treatment longer if they were ethnically matched. Additionally, Sue et al. (1991) provide support for the notion that ethnic match is related to treatment outcome. Treatment outcome, measured by pairwise comparison of pre- and post-treatment Global Assessment Scale scores, showed that Mexican-Americans who were ethnically matched were the most likely to improve after treatment. Further, for clients who preferred to speak Spanish, ethnic match was predictive of dropouts, number of sessions, and outcomes. For this group, both ethnic match and linguistic match were important. This finding held only for Mexican-Americans. Thus, the strongest effects for ethnic and language matching were for Spanish speaking clients who are less acculturated.

Interestingly, ethnic matching had no impact on length of treatment (drop-out or number of sessions) or on outcome for African-American clients. This may explain the results discussed earlier from targeted prevention programs. Orrell-Valente et al. (1999) studied only African-American matches, so no significant association would be expected given Sue et al.'s (1991) findings. Escobar (2000) combined Latinos with African-Americans which may have hidden the significant different patterns between the two subgroups. If this finding is replicated in future studies, it suggests something distinct about the experiences of Latino treatment clients and prevention participants. Language and cultural value differences may explain this possible distinctiveness.

In sum, it has been hypothesized that ethnic similarity of consultants and families may improve the frequency of participation rate and enhance participation quality (Prinz et al., 2001; Dumka, Garza, Roosa, & Stoerzinger, 1997; Turner, 2000; Prinz & Miller, 1991). Although the research on parent, teacher, and consultant variables that predict PQ is severely limited, it seems that ethnic matching may be a

useful strategy to consider for Latino participants. Although ethnic matching is predictive of outcomes for Latinos, it has not been established that ethnic matching is predictive of PQ (Sue et al, 1991). Predicting PQ from ethnic matching seems like a viable, supportable hypothesis; however, it has yet to be tested empirically.

### The Present Study

The present study attempts to predict parent participation of minority parents' in a selective prevention program from participation rate (PR), level of adversity, and ethnicity. The psychotherapy literature suggests that ethnic matching between Latino families and program staff increases participation rate and perhaps participation quality. Ethnic matching for Latino parents and families will also be examined as a predictor of PQ. The following are hypotheses regarding the relation and correlates between parent PR and PQ in an intervention for children at risk for conduct problems.

#### Hypotheses

##### Hypothesis #1

It is predicted that level of adversity will be negatively correlated with quality of participation, such that the higher the adversity the lower the quality of participation (Spoth & Redmond, 2000; Kazdin et al., 1997; Prinz & Miller, 1994; Prinz & Miller, 1991; Kazdin, et al., 1993; Dumas & Wahler, 1983).

##### Hypothesis #2

It is predicted that African-American parents would have lower participation quality (PQ) than parents belonging to other ethnic groups. It is not expected that ethnicity alone can predict quality of the relationship, rather, other variables that are confounded with ethnicity might be at play in this relationship (e.g., socio-economic

status). Although socioeconomic status is not being directly examined in this study, research would support that African-Americans would have lower PQ than persons from other ethnicities (Kazdin, 1990; Orell-Valente, et al., 1999).

### Hypothesis #3

It is predicted that the rate of participation will be positively correlated with participation quality (PQ), such that high levels of participation (PR) will be associated with high levels of participation quality (PQ). However, caveats to this prediction leads to the next hypothesis.

It is also expected that the relation between participation rate and participation quality will be moderated by level of adversity. Families who face high levels of adversity on a day-to-day basis may not have the physical, social, or psychological resources to participate regularly nor forge a strong therapeutic alliance. However, due to the nature of participation in this particular intervention program (participation through home visitation) it is predicted that the rate of participation (PR) for these disadvantaged families may be high but still be inversely related to quality of participation (PQ). As aforementioned, consultants may have invested more time and effort in those families that seemed most needy, therefore increasing the rate of participation (Jefferson, 1998). However, this high PR may be inversely related to PQ because these same disadvantaged families may lack the physical and psychological resources to demonstrate high PQ. Therefore, it is expected in high adversity families, high participation rate (PR) will be associated with low participation quality (PQ).

#### Hypothesis #4

Based on research indicating that ethnic and linguistic matching is important for Latinos, it is hypothesized that ethnic match (EM) will predict and positively correlate with PQ (Prinz, et al., 2001; Escobar, 2000; Orell-Valente, et al., 1999; O'Sullivan & Lasso, 1992; Sue et al., 1991). Ethnic matching can occur between family and case manager, between family and teacher, or between family, case manager, and teacher. Additionally, based on research indicating that linguistic matching (LM) is also important for Latinos, LM is also a component of the ethnic matching variable. The degrees of matching can range between no match, at one end of the continuum, and on the other end of the continuum, an ethnic *and* linguistic match between teacher, consultant, and family. (Linguistic matching is coded within the ethnic matching variable.) Additionally, the relation between PR and PQ, only for Latino families, will be investigated to see if it differs from analyses with all ethnic groups.

#### Hypothesis #5

The next hypothesis predicts that the main effect for ethnic matching (EM) will be qualified by the interaction between PR and PQ such that, high PR will be associated with high PQ for those Latino parents that are matched with an ethnically similar consultant (Prinz, et al., 2001; Escobar, 2000; Orell-Valente et al., 1999; O'Sullivan & Lasso, 1992; Sue et al., 1991.) This hypothesis may provide support for the contention that ethnic matching counters low participation rate and quality. Further, it is important to note that participation quality is not only measured for the parent-consultant relationship, but will also be measured for the parent-teacher relationship in this study.



## METHODS

### Overview of Design

The present study was derived from a larger longitudinal prevention intervention study that targeted aggressive 2<sup>nd</sup> and 3<sup>rd</sup> grade children. Only families in the experimental (PrimeTime) condition are included in this study. Each family spent one year and a half in the PrimeTime intervention. Teachers nominated children for the PrimeTime program based on a behavioral description of aggressive behavior which included being physical with others, starting fights, picking on other children, lying, being sneaky, and excluding others from their group. Teachers sent home letters for students requesting consent for their child to be screened to determine eligibility for participation. Parents' consent to screening permitted target children's behavior to be evaluated by teachers and peers. If permission to screen was obtained by parents, teachers were asked to complete the teacher version of the Child Behavior Checklist, called the Teacher Report Form (TRF) (Achenbach & Edelbrock, 1983). If consent to screen was obtained, students in the target children's class were asked to complete a sociometric questionnaire which sensitively inquired about children's aggressive behavior, popularity, and friendships.

Target children could qualify for the study in multiple ways based on these two sets of data. If children received a score above 60T on the Aggression subscale of the Teacher Report Form (TRF), and a score above the mean on peer ratings of overt aggression (e.g., being physical with others, starting fights, picking on other children) or relational aggression (e.g., lying, being sneaky, and excluding others from their group), they were eligible for participation in the study. Additionally, a child was also determined as eligible for the study if they received a score equal to or above 70T on

the TRF. The last way a child could qualify for participation, was through peer ratings of aggression that were at least two standard deviations above the mean. Altogether, over the three year duration of the study, 317 children met the behavioral criteria for inclusion in either the PrimeTime or other condition.

Parents assigned to the PrimeTime condition were visited by their prospective consultants to the family to ask for a final consent to participate. Consent for participation in the PrimeTime condition provided a range of interventions to the family. If parents consented to participate they received home and school collaborative consultative services, and parent consultation. Parents were told that they should expect to meet with the consultant at least once per month for a 1.5 year period, and had the option of meeting in their home, at their child's school, or another location of their choosing (e.g., city library). A college student, trained as a therapeutic mentor, visited the child outside of school hours once a week for the 1.5 year intervention period. Mentors and mentees spent time together at children's homes, fast-food restaurants, parks and recreational facilities, and other varied locations. Children participated in pro-social skills training for a full school year. Consultants also met with the child's teacher at school to facilitate home-school collaboration and provide a consultative role to the teacher. Parent consultation began in February of the first year of the intervention, and continued for 18 months. Advanced psychology doctoral students served as the "case managers" for families. The goals of parent consultation were to build a strong therapeutic alliance and enhance home-school communication and collaboration. Consultation also centered on parenting goals, which usually involved promoting emotional acceptance of children, adequately and effectively setting limits on child's behavior, and establishing pro-social norms (Cavell, 2000).

The intervention was tailored to be responsive to individual parent and family needs. Consultants were expected to meet with parents in their homes at least once per month. On average, consultants met with parents and families 23 times for the 18-month period.

### Participants

For the present study, participants are the parents of children who were involved in the intervention components (e.g., parent consultation, home-school collaboration) of the PrimeTime condition. The PrimeTime sample is tri-ethnic where percent membership in various groups was 45% African-American ( $n = 54$ ), 21% Latino/a ( $n = 26$ ), and 33% European-American ( $n = 40$ ). Analyses were conducted from a participant pool of 120 subjects. Participants completed the following measures or had these measures completed on them: Parent Consultant Evaluation Form, Parent Engagement Questionnaire-Parent and Consultant Form, Home School Relationship Questionnaire-Teacher and Parent versions Time 1, Home School Relationship Questionnaire-Teacher and Parent versions Time 4, Consultant Logs, and a measure of adversity. However due to missing data for certain measures, each sample for each regression analysis is presented in tables. Analyses examining differences between participants who attrited from the study and those who remained active on relevant variables revealed no significant differences. Data for this study was also obtained from the 16 case managers who provided intervention service delivery. Case managers were also tri-ethnic in membership, 12.5% African-American ( $n = 2$ ), 19% Latino/a ( $n = 3$ ), and 69% European-American ( $n = 11$ ).

## Measures

### Participation Rate

Participation rate in the PrimeTime program was based on frequency and duration of the rate of participation. Participation rate will be measured by number of parent contacts that occurred as measured by the consultants' log of contacts.

Participation rate will also be measured by the number of parent visit minutes which will also be determined from the consultant contact logs. The correlation between number of visits and number of minutes was high and statistically significant ( $r = .834, p < .01$ ), therefore were combined to make participation rate composite. The consultant contact log from which number of visits and number of minutes were recorded is presented in Appendix A.

### Participation Quality

Participation quality is demonstrated through the therapeutic alliance between parents and consultants, and between parents and teachers rated by each person. Therapeutic engagement or participation quality (PQ) was assessed in four different ways. Therapeutic engagement in the consultant-parent relationship was rated by both the consultant and the parent at the end and middle of each school year after intervention started in February. Therapeutic engagement in the teacher-parent relationship was also rated by both the teacher and the parent at baseline, and at the end and middle of each school year after the intervention started. Only pre- and post-intervention measures of PQ were used in the data analysis. Measures of PQ (PEQP, PECF, and HSRQ-PF) were translated into Spanish for parents that did not speak or read English. The forms and scales were direct translations from the English forms.

Out of the 26 Latino parents in the study, 8 Latino parents completed the PEQP and PECF in Spanish, and 9 Latino parents completed the HSRQ-PF in Spanish.

For the parent-consultant relationship, there were 2 parent rated measures of the consultant which were combined to form the participation quality composite rated by the parent: Parent Engagement Questionnaire, Parent Form (PEQP), and the Parent Consultant Evaluation Form (PECF). Scores from these measures correlated ( $r = .762$ ), ( $p = .000$ ) and therefore were combined to form a parent-rated PQ composite.

The Parent Engagement Questionnaire is presented in Appendix B. This questionnaire was developed by Jefferson (1998) to measure therapeutic alliance in this particular parent-focused, school-linked intervention. The collaborative relationship and the supportive relationship between parent and consultant (case manager) were two aspects of the therapeutic alliance that the PEQC was designed to appraise. The collaborative relationship, measured by seven items on the scale, is measured by the consultant's perceptions of parents' agreement on the tasks of the intervention and their willingness to collaboratively set and work towards mutually agreed upon goals. The supportive relationship, measured by six items on the scale, is a measure of the consultant's ratings of parent's bonding to the consultant and vice versa. The Parent Engagement Questionnaire is a 13 item assessment with a 7-point Likert scale from 1 (not at all true) to 7 (very true). Respondents rate their agreement of sentences based on the 7 point Likert response scale. Parallel forms exist for both parents (PEQP) and consultants (PEQC). Total Parent Engagement scores will be used for data analysis. Cronbach's alpha for this measure is .95 for the total sample used in this study.

Participation quality as rated by the parent is also measured by the Parent Evaluation of Consultation Form, (PECF). The PECF is presented in Appendix C. Jefferson (1998) also created the PECF to assess therapeutic alliance as rated by the parent(s) involved in the consultation intervention. Two aspects of the therapeutic alliance are assessed by the PECF, (a) the relationship between parent and consultant, and (b) the tasks and goals of consultation. This measure also has a 7-point Likert scale that ranged from 1 (not at all true) to 7 (very true). Total engagement scores will be used in the analyses with PECF. Cronbach's alpha for the PECF is .97 for the total sample.

Therapeutic engagement between teachers and parents will be measured by the Home School Relationship Questionnaire-Parent Form (HSRQ-PF), and Teacher Form (HSRQ-TF) as seen in Appendix D. The HSRQ is designed to "assess the parent-teacher relationship across home and school systems" (Serdahl, 2000, p. 33). The HSRQ is a 5 point Likert scale that ranges from 1, Almost Never to 5, Almost Always. Cronbach's alphas for these measures were computed for both teacher and parent at both pre-intervention and post-intervention time periods. Cronbach's alpha for both measures at both time periods ranged from .90 - .92 for the total samples.

#### Parent Demographic Variables/Adversity Index

A family adversity index was created due to the interrelation of demographic variables. The demographic variables measured by the adversity index include mother's current marital status, educational level, employment status, and number of children in the family. For the purposes of this study, level of parent-rated depression was added to this index. For the depression score, norms from the SCL-90 were used to determine if scores were more than one standard deviation above the mean. Those

scores that fell one standard deviation above the mean were given a score of 1, those that fell below were given a score of 0. This adversity index is similar to that used by Dumas and Wahler (1983) and Webster-Stratton (1985). Each family was given a score of 0 or 1 on each of the five variables. A score of 0 was considered to be more advantageous, and a score of 1 was considered as a disadvantage (e.g., a single parent household would be given a score of 1 for the marital status variable). For example, a family was also given a score of 1 if the mother had no college education, if the mother was unemployed, and if there were three or more children in the family. In two parent households, the index was computed in the same way. However, the spouse's level of education or employment status was substituted for the mother's if it indicated less adversity. For example, if the mother did not attend college, but her spouse did, then the score for education level equaled 0.

### Ethnic Matching

A similarity index was computed for all participants. The Similarity Index ranged from 0-6 depending on ethnic match and linguistic match between the family and consultant, and the family and teacher. Consultant and family match did not change over the course of the intervention. However, because children passed from one grade level to the next in the middle of the study, teacher and family match changed over the course of the study. Therefore, matching was dummy coded as either 0 or 1 for the following variables: ethnic match between consultant and family; linguistic match between consultant and family; ethnic match between year one teacher and family; linguistic match between year one teacher and family; ethnic match between year two teacher and family; linguistic match between year two teacher and family. Therefore, each participant received a score that indicated a level

of ethnic match that ranged from 0 to 6, with 6 indicating an ethnic and linguistic match between family, case manager, and teacher for 2 years.



## RESULTS

### Preliminary Analyses

Descriptive statistics were computed for each of the variables used in this study. Means, standard deviations, skewness, and kurtosis are presented in Table 1. Skewness and kurtosis are measures of the departures from normality in distributions of scores. Measures of parent rated participation quality were extremely skewed and leptokurtic. Due to the significant departures from normality, the variables in these measures were examined for the presence of outliers. Scores that fell outside three standard deviations were removed from the analyses. Eliminating this outlier reduced the skewness and kurtosis values for the parent rated measures of the consultant. Values for the other measures were all within normal limits. All predictor variables were transformed into standardized Z scores as well.

Pearson product-moment correlations ( $r$ ) were also computed to examine the correlations among predictor and criterion variables. The correlations among the predictor and criterion variables are presented in Table 2. Bivariate correlations indicated that the participation quality criterion variables were not correlated with each other, and therefore regression analyses were conducted separately for each of the participation quality measures.

Table 1.

Means, Standard Deviations, Skewness and Kurtosis for All Variables Used in this Study.

	<u>N</u>	<u>M</u>	<u>S.D.</u>	<u>Skewness</u>	<u>Kurtosis</u>
Adversity Index	120	2.06	1.362	.055	-1.110
Total # of Parent Contacts	97	15.474	8.453	.156	-.758
Total # of Parent Minutes	97	706.196	496.075	.760	-.025
PQ with Consultant – Parent Ratings	90	6.591	.634	-1.91	3.505
Consultant Evaluation - Parent Ratings	92	6.548	.664	-2.32	5.232
PQ with Parent – Consultant Ratings	105	5.137	1.09	-.385	-.531
PQ with Teacher – Parent Ratings T1	102	4.080	.6904	-.680	-.430
PQ with Teacher – Parent Ratings T4	94	4.22	.549	-.706	.025
PQ with Parent – Teacher Ratings T1	94	3.845	.748	-.286	-1.011
PQ with Parent – Teacher Ratings T4	97	3.618	.809	.045	-.594

Note. PQ = Participation Quality.

Table 2.

Bivariate Correlations Between Variables Used for this study.

	1	2	3	4	5	6	7	8	9	10
1. Adversity Index	--									
2. PR Composite	.220* (120)	--								
3. Parent rating PQC Composite	.068 (95)	-.060 (95)	--							
4. Consultant rating of FQP	-.141 (105)	.252* (105)	.357** (93)	--						
5. Parent rating of PQT, T1	-.248* (102)	-.055 (102)	-.160 (85)	.338* (92)	--					
6. Parent rating of PQT, T4	-.202 (94)	.070 (94)	.259* (90)	.346** (93)	.287* (85)	--				
7. Teacher rating of FQP, T1	-.099 (94)	-.041 (94)	.045 (77)	.226* (84)	.270* (84)	.092 (76)	--			
8. Teacher rating of FQP, T4	-.145 (97)	.350** (97)	.007 (86)	.291** (95)	.175 (86)	.327* (88)	.155 (81)	--		
9. African-American	.208* (120)	-.128 (120)	.038 (95)	-.267* (105)	-.337* (102)	-.179 (94)	-.297* (94)	-.147 (97)	--	
10. Latino	.291** (120)	.216* (120)	.053 (95)	.089 (105)	.081 (102)	.061 (94)	.100 (94)	.090 (97)	-.476* (120)	--

Note. FQP = Participation Quality with the Parent, PQT = Participation quality with the Teacher, T1 =

Time 1 baseline measurement; T4 = Time 4, post intervention measurement. (Ns) appear in parentheses.

\*  $p < .05$ , \*\* $p < .01$ .

Descriptive statistics were computed for measures of PQ and PR for each ethnicity represented in the present sample because ethnicity is a key variable in the present study. Table 3 reports the means, standard deviations, and reliability estimates for measures of PQ and PR by ethnicity. Due to missing data for some measures, number of participants varied for each measure.

Table 3.

Means, Standard Deviations, and Reliability for Measures of PQ and PR by Ethnicity

	<u>Measure</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>	<u>Reliability</u>
African- American	PEQP PQ w/Consultant- Parent Ratings	40	6.2980	1.2373	.8611
	PECF	41	6.4349	1.1218	.9433
	PEQC PQ with Parent – Consultant Ratings	49	4.8151	1.1138	.9195
	HSRQ-P 1	43	3.8087	.6860	.8216
	HSRQ-P4PQ w Teacher- Parent Ratings T4	58	4.0737	.6614	.8943
	HSRQ-T1	40	3.5887	.7618	.9462
	HSRQ-T4	45	3.4907	.8555	.9505
	PR Comp	42	-.500E02	.8819	--
	Minutes	42	611.7619	435.5643	--
	Contacts	42	14.9762	8.8441	--
Latino	PEQP	22	6.7217	.5911	.7875
	PECF	22	6.3101	1.1984	.9706
	PEQC	26	5.3108	1.0718	.9394

Table 3. (Continued)

	<u>Measure</u>	<u>N</u>	<u>Mean</u>	<u>S.D.</u>	<u>Reliability</u>
Latino	HSRQ-P1	22	4.1856	.6440	.8611
	HSRQ-P4	30	4.2889	.5113	.8523
	HSRQ-T1	20	3.9876	.7100	.9553
	HSRQ-T4	21	3.7550	.8770	.9323
	PR Comp	24	.4633	1.1063	--
	Minutes	24	873.9583	635.1199	--
	Contacts	24	17.25	9.4880	--
European- American	PEQP	30	6.5397	.7366	.8538
	PECF	29	6.4248	.8632	.9580
	PEQC	34	5.4639	.9718	.9300
	HSRQ-P1	37	4.320	.6217	.9010
	HSRQ-P4	32	4.3362	.4923	.9266
	HSRQ-T1	34	4.0628	.6767	.9444
	HSRQ-T4	31	3.7093	.6785	.8762
	PR Comp	31	1.020E-.02	.8290	--
	Minutes	31	704.258	428.8939	--
	Contacts	31	14.7742	7.0271	--

Further bivariate correlations between participation rate and demographic variables were conducted. The PR composite, which indicates amount of participation measured by number of contacts and number of minutes spent with consultant, and the adversity index correlated at  $r = .220$  ( $p = .016$ ). Pearson-product moment correlations between the PR composite and ethnicity revealed a significant positive association between being Latino and level of participation,  $r = .216$ , ( $p = .018$ ). The Pearson-product moment correlation between the PR composite and African-American status was not significant,  $r = -.128$  ( $p = .164$ ).

### Regression Analyses

A series of multiple hierarchical regression analyses were used to predict participation quality (PQ) as reported by different informants. Predictor variables were entered in the same order across all analyses. Adversity and ethnicity variables, dummy coded for Latino and African-American, were entered in Step 1, followed by participation rate (PR) in Step 2. Step 3 examined the interactions between PR and adversity and between PR and ethnicity. An alpha level of .05 was used for all statistical tests. If the interaction terms did not meet the .05 significance level, only main effects were presented and discussed.

Multiple measures of participation quality (PQ) were used as the criterion variable in these regression analyses. These variables measured the quality of parents' participation in two separate, helping relationships: (Consultant-Parent & Teacher-Parent). Each participant in these two relationships was represented in one of these criterion variables. The first criterion variable used was a composite measure of parent-consultant engagement created from the Parent Engagement Questionnaire-Parent Form (PEQP) and the Parent Consultant Evaluation Form (PCEF). The second

criterion variable was consultant ratings of parents' level of participation quality (PQP-C). The last two criterion variables represented parent and teacher ratings, respectively, from the Home School Relationship Questionnaire (HSRQ).

Participation rate was based on a composite consisting of total number of parent contacts and total number of minutes spent with the parent. These 2 variables were highly correlated with each other ( $r = .834, p < .01$ ). These variables were standardized to form the participation rate composite variable used as a predictor variable in the following hierarchical multiple regressions.

#### Between Groups Analyses: Demographic Characteristics and Participation Rate as Predictors of Parent-Consultant Participation Quality

This first set of regression analyses were used to predict parent and consultant ratings of participation quality from the predictor variables described earlier. Participation quality with parents rated by consultants (PQC-P) is presented first, followed by regression analyses predicting participation quality with consultants rated by parents (PQP-C).

#### Parent Ratings of Participation Quality with Consultant (PQC-P)

Table 4 presents results of the hierarchical regression analysis predicting parent ratings of PQC ( $n = 95$ ). In Step 1 of the regression, level of adversity accounted for .009 of the variance in PQC-P.  $F_{change}$  and beta weight for step 1 were also non-significant. Entering PR into Step 2 of the regression, also accounted for .4% of the variance in PQC-P, and non-significant  $F_{change}$  value and beta weights. Step 3, accounted for an additional 10.0% of the variance explained on PQC-P. The beta weight for the interaction between Latinos and PR revealed a non-significant trend ( $\beta = -.374, t(87) = -1.779, p = .079$ ).

Follow up analyses were conducted to determine the nature of the PR X Latino interaction with the data split by Latino ethnic group membership. This follow-up regression analysis revealed nonsignificant Fchange values and beta weights for non-Latino parents. However, for Latino parents, Step 1 (Adversity) predicted 1.7% of the variance in PQP-C, and Step 2 (PR) accounted for 25.3% of the variance in PQP-C. The Fchange and beta values for Step 2 were both significant ( $F\Delta (1, 20) = 6.947$ ,  $p = .016$ ) ( $\beta = -.509$ ,  $t (20) = -2.636$ ,  $p = .016$ ). This negative value of the beta weight suggests, for Latino parents, high levels of PR are associated with low levels of PQC-P.

#### Consultant Ratings of Participation Quality with the Parent (PQP-C)

The same predictors were used to predict consultant ratings of PQP as presented in the lower half of Table 4 ( $n = 105$ ). The first step of predictors were significant [ $F\Delta (3, 101) = 2.908$ ,  $p < .05$ ] accounting for 8.0% of the variance in consultant rated PQP. Beta weights for the first step of the main effects model indicated level of adversity was not a significant main effect, but a non-significant trend for African-American parents was revealed. African-American ethnic group membership was negatively associated with consultant rated PQP ( $\beta = -.217$ ,  $t (100) = -1.815$ ,  $p = .073$ ), such that African-American parents were rated by consultants as being less engaged. In Step 2, as predicted, an additional 5.6% of the variance in PQP-C was explained by PR, ( $F\Delta (1, 100) = 6.428$ ,  $p = .013$ ) above and beyond adversity and ethnicity. A significant main effect for PR was found ( $\beta = .244$ ,  $t (100) = 2.535$ ,  $p = .013$ ) indicating that high levels of PR were associated with high consultant ratings of PQP.



Table 4.

Results of Hierarchical Multiple Regression Predicting Parent and Consultant Participation Quality with from Level of Adversity, Ethnicity, and Participation Rate.

	$R^2\Delta$	$F\Delta$	$\beta$	$r$
Parent Rated Participation Quality with Consultant (PQC-P) ( $n = 95$ )				
1. Adversity Index	.009	.282	-.037	.068
African-American			.070	.038
Latino			.270 <sup>†</sup>	.053
2. Participation Rate Composite (PR)	.004	.384	-.060	-.060
3. PR X Adversity	.100	3.268*	.204	.032
PR X African-American			.113	.160
PR X Latino			-.374 <sup>†</sup>	-.189
Consultant Rated Participation Quality with Parent (PQP-C) ( $n = 105$ )				
1. Adversity Index	.080	2.908*	-.130	-.141
African-American			-.217 <sup>†</sup>	-.267
Latino			-.027	.089
2. Participation Rate Composite	.056	6.428*	.244*	.252

Note. \* $p < .05$ . \*\* $p < .01$ . <sup>†</sup> $p < .10$ .

### Parent Ratings of Participation Quality with the Teacher (PQT-P)

Table 5 reports the results of the hierarchical multiple regressions that were performed to investigate whether adversity, ethnicity, or PR were significantly predictive of parent ratings of participation quality with the teacher (PQT-P) ( $n = 94$ ). Results indicated that level of adversity and ethnicity accounted for 6.5% of the variance in parent rated PQT. This first step in the regression revealed a non-significant trend. Beta coefficients revealed a main effect for level of adversity ( $\beta = -.283$ ,  $t(86) = -2.387$ ,  $p = .000$ ) in this first step indicating that the higher parents' level of adversity, the lower were their ratings of PQT.

In the second step, PR was not a significant predictor of parent-rated PQT, only accounting for .3% of variance explained. However, in step 3, interaction terms accounted for an additional 6.8% of the variance above and beyond the main effects resulting in a non-significant trend for the  $F_{\text{change}}$  value. The interaction between level of adversity and PR also emerged as a non-significant trend ( $\beta = .245$ ,  $t(86) = 1.695$ ,  $p = .094$ ). The PR X Latino interaction term was also significantly predictive of parent rated PQT ( $\beta = -.437$ ,  $t(86) = -2.073$ ,  $p = .041$ ).

Analyses were conducted to determine the nature of the PR X Latino interaction with the data split by Latino ethnic group membership. This follow-up regression analysis revealed that 4.4% of the variance in PQT-P was explained by level of adversity (Step 1) in non-Latino parents ( $F(1, 70) = 3.207$ ,  $p = .078$ ). The non-significant trend for this step also resulted in a beta weight that showed a non-significant trend ( $\beta = -.228$ ,  $t(69) = -1.968$ ,  $p = .053$ ) for level of adversity, such that the higher the level of adversity, the lower the ratings of PQT-P. Further, an additional

Table 5.

Results of Hierarchical Multiple Regression Predicting Parent and Teacher Participation Quality from Level of Adversity, Ethnicity, and Participation Rate.

	$R^2\Delta$	$F\Delta$	$\beta$	$r$
Parent Rated Participation Quality with Teacher (PQT-P) ( $n = 94$ )				
1. Adversity Index	.065	2.077	-.283*	-.202
African-American			-.051	-.179
Latino			.239	.061
2. Participation Rate Composite (PR)	.003	.281	.201	.070
3. PR X Adversity	.068	2.266 <sup>†</sup>	.245 <sup>†</sup>	.087
PR X African-American			-.081	.082
PR X Latino			-.437*	-.060
Teacher Rated Participation Quality with Parent (PQP-T) ( $n = 97$ )				
1. Adversity Index	.041	1.333	-.227*	-.145
African-American			-.009	-.147
Latino			.074	.090
2. Participation Rate Composite	.131	14.520**	.375**	.350

Note. \*  $p < .05$ . \*\* $p < .01$ .

4.0% of the variance in PQT-P was explained by the PR variable in Step 2 for non-Latino parents ( $F\Delta (1, 69) = 2.994, p = .088$ ). PR was positively associated with PQT-P for non-Latino parents as indicated by the beta weight ( $\beta = .200, t(73) = 1.730, p =$

.088). This positive association suggests, for non-Latino parents, high levels of PR are associated with high ratings of PQT-P.

Although the Fchange values for Latino parents were not significant in either step 1 ( $F(1, 20) = 2.802, n.s.$ ), or step 2, ( $F(1, 19) = 2.202, n.s.$ ), 12.3% of the variance in PQT-P was explained by level of adversity in Latino parents. The beta weight for adversity revealed a non-significant trend in Step 2 ( $\beta = -.404, t(19) = -1.956, p = .065$ ), and though not significant, the beta weight for PR indicated the same pattern of results for Latino parents observed previously for consultant ratings ( $\beta = -.307, t(19) = -1.484, n.s.$ ). For Latino parents high levels of PR were associated with low parent ratings of PQT. The *ns* for this group are small, and therefore may be attenuating this finding.

Participation quality with the teacher (PQT-P) was also obtained at baseline. The results of hierarchical regression analyses controlling for baseline measurement of PQT-P attenuated the pattern of findings previously found for PR and adversity. The baseline measurement of parent-rated PQT-T, Step 1, accounts for 8.2% of the variance in post-treatment ratings of PQT ( $F(1, 83) = 7.440, p = .008$ ). The Fchange values for steps 2 and 3, adversity and PR, were not significant, however, Fchange values for the last step, interaction terms revealed a non-significant trend. Results indicated that the nature of the relationships remained in the same direction but were only attenuated when controlling for baseline measurement.

#### Teacher Ratings of Participation Quality with the Parent (PQP-T)

Hierarchical multiple regression analyses were performed to investigate the predictive value of the same demographic characteristics and PR variables for teacher ratings of PQP. Regression analyses were conducted both with and without controlling

for baseline measurement. The results of the first analysis are reported in the lower half of Table 5 ( $n = 97$ ). The predictor variables in Step 1 accounted for 4.1% of the variance in teacher rated PQ with the parent (PQP-T). This step did not indicate a significant  $F_{\text{change}}$  value ( $F(3, 93) = 1.333, n.s.$ ). In Step 2, the PR variable accounted for 13.1% of the variance in PQP-T ( $F(1, 92) = 14.520, p = .000$ ). The beta weight for PR indicated a positive relation between PR and teacher rated PQP, such that the higher the parents' participation rate with the consultant, the higher were the teacher ratings of PQP ( $\beta = .375, t(92) = 3.810, p < .01$ ). The beta weight for level of adversity also supports previous findings ( $\beta = -.227, t(92) = -2.096, p = .039$ ) that high levels of adversity were associated with low ratings of PQ. Once again when controlling for baseline measurement of PQP-T, the same pattern of results emerged, but was attenuated.

#### Within Group Analyses: Ethnic Matching and Participation Rate as Predictors of Participation Quality for Latino Parents

The next set of analyses investigated predictors of PQ only for Latino parents. The same criterion variables for PQ were used as in the previous analyses. The predictor variables were entered in a stepwise fashion. In Step 1, PR was entered alone due to its relation with PQ in the previous analyses. In Step 2, the consultant ethnicity match was entered alone. The interaction of these two independent variables was entered in Step 3 (PR X CM Ethnic Similarity). Only parents who identified themselves as Latinos were selected for the following analyses.

Originally, I planned to use both ethnic and linguistic matching of both teachers and consultant with parents as predictors of PQ for Latinos. However, due to little or no variance in several similarity indices (e.g., Aggregate Language Match (98%

of parents were matched on language), it was decided to only use a consultant match on ethnicity as a predictor variable. All predictor variables were entered in the regression analyses as standardized scores.

#### Latino Parent Ratings of Participation Quality with Consultant (PQC-LP)

Hierarchical regression analyses were performed to investigate whether PR was positively predictive of PQ-C, if matching a Latino consultant/case manager with a Latino parent positively predicted parents rating of PQ with the consultant (PQ-C), and the interaction of these two variables was also predictive. Results of these analyses are presented in Table 6 ( $n = 23$ ). Results indicated that PR (Step 1) explained 26.7% of the variance in parent ratings of PQC. The Fchange value was significant at Step 1. In Step 2, consultant ethnic similarity accounted for 0.9% of the variance in PQC-LP, the Fchange value remaining insignificant. The significant beta weight for PR suggests that for Latino parents, high levels of PR were associated with low ratings of PQC ( $\beta = -.467, t(20) = -2.170, p = .042$ ). It should be noted that the relationship between ES and PQ is attenuated when PR is taken into account in the regression analyses. ES acted as a suppressor variable in that it enhanced the predictive power of PR in predicting PQ by accounting for irrelevant variance on PQ. Because PR and ES had a positive relationship ( $r = .30$ ), this provided evidence that these three variables worked together to predict PQ. In this case, ethnic similarity may provide the consultant with greater access to families but is not associated with better participation quality with consultants.

This finding is contrary to my hypothesis that PR would positively predict PQ for Latino parents. To further investigate this finding, the data was split by ethnic match and a regression analysis was conducted. Results suggested that whether Latino

parents were matched or not, high levels of PR were associated with low levels of PQ; however, this inverse relation was stronger in the group of parents that were matched with a consultant.

Consultant Ratings of Participation Quality with Latino Parents (PQLP-C)

The results of the hierarchical multiple regression analysis predicting consultant ratings of PQLP are presented in the lower of Table 6 ( $n = 25$ ). Step 1, PR, accounted for 6.4% of the variance in PQLP-C, but the  $F_{change}$  value was not significant. Step 2 did not add any additional variance and, was not significant either.

Table 6.

Results of Hierarchical Multiple Regression Predicting Latino Parent and Consultant Participation Quality from Participation Rate and Ethnic Similarity.

	$R^2\Delta$	$F\Delta$	$\beta$	$r$
Latino Parent Rated Participation Quality with Consultant (PQC-LP) ( $n = 23$ )				
1. Participation Rate Composite (PR)	.267	7.668*	-.467*	-.517
2. Consultant Ethnic Similarity	.009	.243	-.106	-.325
Consultant Rated Participation Quality with Latino Parent (PQLP-C) ( $n = 25$ )				
1. Participation Rate Composite (PR)	.064	1.583	.269	.254
2. Consultant Ethnic Similarity	.001	.032	-.040	.063

Note. Beta weights are reported for the final main effects model. \*  $p < .05$ .

### Latino Parent Ratings of Participation Quality with Teachers (PQT- LP)

The following hierarchical multiple regression analyses were performed to investigate Latino parent ratings of PQT-LP. Regression analyses were not conducted with baseline ratings because of small ns that would render uninterpretable results. Results of regression analyses for PQT-LP are reported in Table 7 ( $n = 22$ ). Step 1 of the regression analysis, explains 5.6% of the variance in Latino parent ratings of PQT, ( $F(1, 20) = 1.178, n.s.$ ). Step 2, CM ethnic similarity explains 15.8% of the variance in PQT-LP which resulted in a  $F$  change value and beta weight that revealed a non-significant trend ( $F(1, 19) = 3.811, p < .10$ ). The direction of the beta weight for CM ethnic similarity (ES) indicated a negative relation for Latino parents who were ethnically matched with consultants with ratings of LPQ-T ( $\beta = -.458, t(19) = -1.952, p = .066$ ). The variables, PR and ES, worked together to predict Latino parents' ratings of PQ with the teacher. PR and ES have a positive relationship ( $r = .30$ ). In this case, when all three variables are taken into account in the regression analysis, ES was the only variable significantly predictive of PQT-LP. Although PR and PQT-LP have a negative relation with each other ( $r = -.236$ ), PR was not predictive of PQT-LP. This association was attenuated. In the Latino parent- teacher relationship, PR is positively associated with ES, and it was not associated with PQT-LP. Only ES was negatively associated with LPQ-T

### Teacher Ratings of Participation Quality with Latino Parents (PQLP-T)

The results of the hierarchical multiple regression analyses conducted to predict teacher ratings of PQLP are presented in the lower half of Table 7 ( $n = 21$ ). In Step 1, 13.1% of the variance in PQLP-T is accounted for with PR.  $F$  change values are not significant for step 1. Step 2, CM Ethnic Similarity, explains little in addition to



Table 7.

Results of Hierarchical Multiple Regressions Predicting Latino Parent Teacher Participation Quality from Participation Rate and Ethnic Similarity.

	$R^2\Delta$	$F\Delta$	$\beta$	$r$
Latino Parent Rated Participation Quality with Teacher (PQT-LP) ( $n = 22$ )				
1. Participation Rate Composite (PR)	.056	1.178	-.009	-.236
2. Consultant Ethnic Similarity	.158	3.811 <sup>†</sup>	-.458 <sup>†</sup>	-.462
Teacher Rated Participation Quality with Latino Parent (PQLP-T) ( $n = 21$ )				
1. Participation Rate Composite (PR)	.131	2.870	.154	.362
2. Consultant Ethnic Similarity	.005	.101	.475	.191
3. PR X Consultant Ethnic Similarity	.171	4.208 <sup>†</sup>	-.561 <sup>†</sup>	-.287

Note. Beta weights are reported for the final main effects model. \*  $p < .05$ . <sup>†</sup> $p < .10$ .

Step 1, and is also non-significant. Step 3, the interaction of PR X CM Ethnic Similarity, is also revealed as a non-significant trend ( $F\Delta (1, 17) = 4.208, p = .056$ ). The beta weight for this interaction also emerges as a non-significant trend and is negative ( $\beta = -.561, t (17) = -2.051, p = .056$ ).

To further investigate this interaction, the data was split by CM Ethnic match and correlational analyses were conducted. The correlation between PR & PQ-T was negative for Latino mothers working with Latino consultants, though not significant

( $r = -.269$ ,  $p = .52$ ) but it was positive and significant ( $r = .667$ ,  $p = .006$ ) for Latino mothers working with non-Latino consultants. This result suggests that for Latino parents who are matched with a non-Latino consultant, high levels of PR with the consultant were associated with high ratings of PQP with the teacher.

## DISCUSSION

The two primary goals for this study were to (a) predict minority parents' participation quality (PQ) from demographic variables and participation rate (PR), and (b) investigate the relation between ethnic matching and PQ for Latino parents in a targeted prevention program. A secondary goal was to examine the relationship between PR and PQ. In general, hypotheses related to these goals were differentially supported depending on the relationship (parent-consultant versus parent-teacher) and the rater of PQ. Separate hypotheses were generated for the whole sample and for the Latino sample and analyses were conducted in that manner (between group analyses and within group analyses.)

### Between-Group Analyses

#### Relation Between Adversity and PQ

My first hypothesis predicted that level of adversity would be negatively associated and significantly predictive of participation quality. The most robust finding in regard to parent teacher participation quality is level of adversity. In accordance with the hypothesis, level of adversity was negatively correlated with and significantly predicted PQ in the parent-teacher relationship, such that the higher the adversity of the parent, the lower the ratings of PQ by *both* teacher and parent. Level of adversity was predictive of teacher ratings of PQ such that the higher the level of adversity, the lower the teacher rated PQ with the parent. Parents who face adverse circumstances and multiple problems also rated themselves as less engaged with their child's teacher. This finding is somewhat supported in the literature regarding that high levels of adversity can compromise participation (Prinz & Miller, 1994; Prinz & Miller, 1996; Kazdin, et al., 1997).

A possible explanation for this finding is that parents who face high adversity are compromised by the demands of daily living and therefore are not equipped with the psychological or perhaps physical resources to connect with teachers. Interestingly, these parents seem to acknowledge that they do not connect with their child's teacher. Assuming high participation quality is a desired outcome for parents, it will be important to find ways to combat the effects of adversity in parents of aggressive children. Supporting the notion that high participation quality should be a desired outcome for parents, is empirical evidence that has shown that high participation quality is predictive of improvement on peer-ratings of aggression at post-intervention (Jefferson, 1998). Therefore, high participation quality is not only important for the support it may provide to parents, but also for the potential influences it could have on treatment outcomes.

Level of adversity did not play a role in the PR-PQ relation for parent or consultant ratings of PQ. The absence of a significant main effect for adversity in parent-consultant PQ is interesting. Perhaps, this effect for adversity is not apparent in the parent-consultant ratings of PQ due to the length of relationship with the consultant and the time in which measurement of participation quality was obtained.

#### Relation Between African-Americans and PQ

My second hypothesis predicted that African-American parents would have lower PQ than other ethnic groups. In support of my hypothesis, African-American parents were rated by consultants as having lower PQ, which is a finding unique to parent-consultant PQ. This finding was not apparent in teacher or parent reports of PQ. The fact that African-American status was significantly predictive of only consultant ratings of PQ and not in parent ratings of PQ suggests a possible difference

in evaluations of PQ between parents and consultants. Consultants exhibit a pattern of rating African-American parents as less engaged, even as African-American parents are not rating themselves as less engaged with the consultant. Other studies do not usually have the benefit of comparing this finding with multiple informants, so this finding is relatively new. The observations in this study are made cautiously given that the statistics for this analysis resulted in a non-significant trend.

#### Relation Between PR and PQ

My third hypothesis predicted that PR would positively predict PQ, but also that adversity would moderate the relationship between PR and PQ. In partial support of my hypothesis, participation rate positively correlated and significantly predicted consultant and teacher ratings of PQ. The predicted moderated relationship for PR and PQ was not supported in this study.

In the parent-consultant relationship, PR was not predictive of parent rated PQ with the consultant. However, PR was positively predictive of consultant ratings of PQ. It is not surprising that consultant rated PQ was predicted from PR, given that the PR variable in this study is determined by the consultant. Consultants felt that the level of PQ was higher with parents with whom they consulted more often. In some ways, this association highlights the importance of ensuring that PR is not only consultant driven, but also participant driven. Perhaps if participants had felt more ownership over the PR process in this study, the relation between PR and PQ for parent ratings would have been more apparent.

In the parent-teacher relationship, PR was positively predictive of PQ such that the higher the rates of participation with the consultant, the higher were teacher ratings of PQ with the parent. However, once again, this was not apparent for parent

ratings of PQT. If the goal of an intervention is for teachers to feel engaged with a parent, having a school consultant meet regularly with the parent to pursue home-school collaboration seems to increase those chances.

Contrary to my hypotheses, adversity and PR did not significantly act together to produce any significant interaction effects although they were both were found to be significantly associated with teacher ratings of PQ. Although levels of PR are positively related to levels of teacher rated PQ, and high adversity is predictive of low ratings teacher PQ, adversity and PR do not have an interactive effect. It is also important to note that the present study examined the relationship between PR and PQ, as PR being a predictor of PQ. Although the present study did not examine this, PQ could also be used as a predictor of PR, which would be a direction for future studies.

#### Unexpected Findings

Several unexpected results emerged in the between group analyses. These unexpected results regarded the interaction between Latino parents and PR. It was found that PR with the consultant was negatively associated with parent rated PQ. Latino parents reported low levels of engagement with both consultants and teachers despite having a high rate of participation. Although these findings for Latino parents were unexpected, they did provide even more support for conducting analyses within group as originally planned.

#### Within Group Analyses

The most interesting findings in this study regard Latino parents. I hypothesized that ethnic matching with Latino parents would positively correlate and predict PQ. I also hypothesized that for Latinos, ethnic match would moderate the relationship between PR and PQ.

### Ethnic Matching as a Predictor of PQ

In the parent-consultant relationship, ethnic matching was not predictive for ratings of PQ, but was associated with PR. The hypothesized positive relationship for match and PQ was not supported. Intuitively, this relationship would be the one in which the effects of matching would be most apparent given that the regression analysis used parent and consultant match as the predictor variable. This finding starkly contrasts the literature in regard to ethnic matching. Researchers have found that matching creates better outcomes and stronger alliances (Prinz et al., 2001; Dumka, Garza, Roosa, & Stoerzinger, 1997; Turner, 2000; Prinz & Miller, 1991). Data from this study indicates that in the parent-consultant relationship, ethnic similarity provided the consultant with greater access to families (more PR) but was not associated with better participation quality with consultants.

In the parent-teacher relationship, it was found that ethnic matching was predictive for parent ratings of PQT, but in an unpredicted direction. Latino parents who were matched with Latino consultants, rated themselves as less engaged with the teacher. Once again, PR and ES work together to predict PQT, but in a different way than in the parent-consultant relationship (PQC). As aforementioned, there is a positive relation between PR and ES ( $r = .30$ ). In the Latino parent- teacher relationship, PR may be positively associated with ES but was not associated with PQ. In this case, ES between Latino parents and consultants served to be predictive of PQ with the teacher. There is little research on ethnic matching which examines relationships with others outside the “matched” relationship, therefore, this finding is relative contribution to the literature in this area.

### Ethnic Matching as a Moderator of PR and PQ

Ethnic matching interacted with PR such that for Latino parents who were not matched, PR was positively associated with teacher rated PQP. For Latinos who were matched, high levels of PR were associated with low teacher ratings PQP. This relation between matching, PR, and PQ was only found for teacher ratings, and was not apparent for other measures of PQ. This finding is consistent with the finding in the previous analysis.

### Unexpected Findings

It was expected that the positive PR-PQ relationship would hold for Latinos, although it was not directly hypothesized. However, results indicate for Latino parent ratings of PQC, high levels of PR were associated with low levels of PQC. Whether Latino parents are matched or not, the tendency for Latino parents to lower ratings of PQ as PR increases existed.

Cultural values like *respeto* (e.g., respect) and *confianza* (e.g., trust) also might have played a role in the PQ-PR relationship for Latino parents (Simoni & Perez, 1995). Latino parents who were matched with Latino/a consultants might have acquiesced to spending more time with the consultant because of the perceived power differential in relationships with perceived authority figures due to the cultural value of *respeto*, which would create high levels of PR. However, Latino families also might have felt less *confianza* or perhaps shame for being helped and perhaps exposed to schools and teachers, by a member within their own cultural group which, may explain lower ratings of PQ.



### Limitations

There are several limitations in this study. The most apparent limitation is the low number of subjects in the within-Latino analyses. This likely attenuated some findings. Additionally, the results of the within group Latino ethnic matching analyses should be interpreted cautiously given that there were only three Latino consultants. These three Latino consultants also differed in gender (two females, one male). There was also missing data for many of these participants at post-treatment. This possibly suggests that the data was analyzed on a select group of participants, instead of a sample more representative of the whole population. Also, because these analyses were correlational, the results of this study do not allow that conclusions be made about the nature of the relation that was found between these variables. An additional confound of these variables is the likelihood that changes in PQ may be directly related to changes in PR, instead of in the hypothesized direction used in the present study. This reciprocal relation was also not considered in the analyses in this study.

### Future Research

Prevailing thoughts on parent engagement argue that high PQ is a favorable condition for producing improved outcomes in intervention. The data examined in this study do not allow us to make any inferences about how PR or PQ relates to outcome therefore; future research should target the function of these variables in relation to desired outcomes. This study also justifies the importance for using within group analyses when studying ethnic groups. Although Latino parents may not report the quality of therapeutic relationships as good, reports of PQ may not be related to how their children fare in the intervention program. Perhaps there is a distinction between parents' satisfaction with consultant versus whether goals of the program were

actually met. Once again, it will be important for research to focus on the relation between PR and PQ and how they relate to outcome, especially for this particular ethnic group given the findings of the present study. These findings also indicate a need for investigating ways to reduce the detrimental effects of adversity so that parent-teacher relationships can thrive.

It will also be important to continue to study the relation between PR and PQ. Studies in the future should consider predicting PR from PQ to further clarify the nature of the relationship between these two variables. Studies in the future should also study participation longitudinally, rather than on cross-sectional measures of PQ. Including data on attrition can help serve that purpose. The results of this study imply that the relation between these variables is complex and may differ for certain groups, therefore warranting further study.

## IMPLICATIONS AND CONCLUSIONS

This study provides implications for prevention program planning and development. As target prevention programs aim to reach effectiveness in community populations, issues related to level of adversity, participation rate, and ethnicity become more relevant. Factors which enhance and detract from participation are essential to be studied as preventive intervention studies intend to come to scale. The results of this study imply that parents' views of PQ may differ from that of consultants' and teachers'.

The variables used as predictors in this study were more externally driven (adversity, ethnicity, PR), rather than variables that are more internally driven (coping style, attachment, etc.) and it may be these such factors that are more predictive for parents. This study does provide support for the use of external/situational factors to predict teacher or consultant perceptions of PQ. In some ways, this study also highlights the importance of interventionists ensuring that PR is not only consultant driven, but also participant driven. Perhaps if participants had felt more ownership over the PR process in this study, the relation between PR and PQ for parent ratings would have been more apparent.

This study provides some information on how PR and PQ relate to one another, at least for non-Latino parents. Generally, the relation between PR and PQ is a positive one, high levels of PR are associated with high levels of PQ. In the same general way, the relation between adversity and PQ is inverse, high levels of adversity are associated with low levels of PQ. Their effects are additive and do not interact with each other. Therefore, high levels of PR are associated with high levels of PQ, regardless of the

level of adversity. This relation should needs to be replicated in other non-Latino samples in similar studies.

From the results of this study, it seems that helping relationships are experienced differently by Latino parents. On one hand, ethnic matching seems to have a marginalization effect on Latino parents in that they do not feel connected to either their child's teacher or consultant. On the other hand, ethnic matching may not be as important for PQ for Latinos when PR is consultant driven. In fact, non-matching may be more important for PQ in this case. Nevertheless, the sample size for the within group analyses in this study were so low, that no firm conclusions can be drawn about how PR and PQ relate for this group.

The relationship of these variables has implications for frequency of dosages in an intervention, especially for interventions that attempt to reach distinct populations, (e.g., parents of aggressive children, high adversity families, Latino families). If their direct relationship with one another is revealed, the way in which we design, plan, and intervene with families may need reconsideration. This study brings to light the importance of empirically examining the manner by which we attempt to engage and intervene with diverse populations. The ways in which we hope to reach these distinct populations should not only be empirically informed but responsive to the context and needs of the population being targeted.

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## Appendix A

## Prime Time Contact Log

Child: \_\_\_\_\_

Date: \_\_\_\_\_ Amount of Time: \_\_\_\_\_

Person(s): child mother father teacher mentor counselor other: \_\_\_\_\_

Setting: home school other: \_\_\_\_\_

Mode: face-to-face phone note

Activity: visit transportation observation P.T. data collection ARD type other: \_\_\_\_\_

Process: logistics/scheduling assessment/formulation Tx: support/nonspecific Tx: ed./info

Tx: cog./insight Tx: dyad-focused skill building Tx: behav./ecological changes Tx: structural changes

Content: containment acceptance prosocial norms academic H-S relationship

Date: \_\_\_\_\_ Amount of Time: \_\_\_\_\_

Person(s): child mother father teacher mentor counselor other: \_\_\_\_\_

Setting: home school other: \_\_\_\_\_

Mode: face-to-face phone note

Activity: visit transportation observation P.T. data collection ARD type other: \_\_\_\_\_

Process: logistics/scheduling assessment/formulation Tx: support/nonspecific Tx: ed./info

Tx: cog./insight Tx: dyad-focused skill building Tx: behav./ecological changes Tx: structural changes

Content: containment acceptance prosocial norms academic H-S relationship

Date: \_\_\_\_\_ Amount of Time: \_\_\_\_\_

Person(s): child mother father teacher mentor counselor other: \_\_\_\_\_

Setting: home school other: \_\_\_\_\_

Mode: face-to-face phone note

Activity: visit transportation observation P.T. data collection ARD type other: \_\_\_\_\_

Process: logistics/scheduling assessment/formulation Tx: support/nonspecific Tx: ed./info

Tx: cog./insight Tx: dyad-focused skill building Tx: behav./ecological changes Tx: structural changes

Content: containment acceptance prosocial norms academic H-S relationship

Appendix B

### Parent Engagement Questionnaire - Consultant Form

Date: \_\_\_\_\_ Parent: \_\_\_\_\_

Consultant: \_\_\_\_\_ Child (ID#): \_\_\_\_\_

Please rate the extent to which you agree or disagree with each statement **AT THE PRESENT TIME**.

**1. This parent shares his/her thoughts and feelings.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

Parent is controlled and restrained.  
Does not speak freely or openly.  
Keeps feelings and opinions to self.

Parent expresses full range of personal  
feelings, ideas and opinions  
(e.g. pride, fears, inadequacy, disapproval).

**2. This parent actively considers my requests or suggestions.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

Parent dismisses consultant's  
requests or suggestions without  
consideration.

Parent gives thoughtful and careful consideration  
to consultant's suggestions. Expresses  
disagreement appropriately.

**3. This parent avoids discussing necessary topics or issues.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

Parent was open to discussing  
issues  
necessary issues or topics including  
those that produced uncomfortable feelings.

Parent avoided discussing necessary topics or  
by bringing up new topics/concerns or providing  
evasive answers to questions.

**4. This parent trust me.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

Parent doubts consultant's ability to  
help with the problem or improve  
the situation. Parent is skeptical  
of the consultant.

Parent is confident of the consultant's ability  
to help with the problem or improve the situation.  
Parent relies and depends on the consultant.







Appendix C

### Parent Evaluation of Consultation Form

Date: \_\_\_\_\_ Parent: \_\_\_\_\_

Consultant: \_\_\_\_\_ Child: \_\_\_\_\_

The following statements refer to your feelings and thoughts about your consultant and your consultation sessions. Please rate the extent to which you agree or disagree with each statement AT THE PRESENT TIME.

**1. The consultant and I are in agreement about the goals for our meeting.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**2. I trust the consultant.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**3. I believe the time the consultant and I are spending together is spent efficiently.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**4. The goals of the consultation meetings are important to me.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**5. I believe the consultant is genuinely concerned for my child.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**6. The consultant and I respect each other.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**7. The consultant and I share similar values and beliefs.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**8. The things that the consultant is asking me to do don't make sense.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**9. I believe the way we are approaching the problem is correct.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**10. The time spent with the consultant is worthwhile.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**11. I feel I will benefit from my meetings with the consultant.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

**12. I believe my child will benefit as a result of my meetings with the consultant.**

Not at all true			Somewhat true			Very true
1	2	3	4	5	6	7

Appendix D

Student's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

School: \_\_\_\_\_

**HOME-SCHOOL RELATIONSHIP QUESTIONNAIRE**

Teacher Version

Please answer all questions as candidly as possible.

In the last one-month, how many contacts have you had with this child's parent(s), not including brief interactions in passing?

Telephone contacts/voice mail? \_\_\_\_\_

Face-to-face contacts? \_\_\_\_\_

Contacts through written medium/e-mail? \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Instructions:** For each question below, answer in relationship to the child's parent(s). Please use the following k

	1	2	3	4	5
	Almost never	Once in a While	Sometimes	Frequently	Almost Always
1. We trust each other.	1	2	3	4	5
2. It is difficult for us to work together.	1	2	3	4	5
3. We cooperate with each other.	1	2	3	4	5
4. Communication is difficult between us.	1	2	3	4	5
5. I respect this parent.	1	2	3	4	5
6. This parent respects me.	1	2	3	4	5
7. We are sensitive to each other's feelings.	1	2	3	4	5
8. We have different views of right and wrong.	1	2	3	4	5
9. When there is a problem with this child, this parent is all talk and no action.	1	2	3	4	5
10. This parent keeps his/her promises.	1	2	3	4	5
11. When there is a behavior problem, I have to solve it without the parent's help.	1	2	3	4	5
12. When things aren't going well, it takes too long to work them out.	1	2	3	4	5
13. We understand each other.	1	2	3	4	5
14. We see this child differently.	1	2	3	4	5
15. We agree about who should do what regarding this child.	1	2	3	4	5
16. I expect more from this child's parent than I get.	1	2	3	4	5
17. We have similar expectations of this child.	1	2	3	4	5
18. This parent tells me when s/he is pleased.	1	2	3	4	5
19. I don't like the way this parent talks to me.	1	2	3	4	5
20. I tell this parent when I am pleased.	1	2	3	4	5
21. I tell this parent when I am concerned.	1	2	3	4	5
22. I tell this parent when I am worried.	1	2	3	4	5
23. I ask this parent's opinion about the child's progress.	1	2	3	4	5
24. I ask the child's parents for suggestions.	1	2	3	4	5

Your Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

**HOME-SCHOOL RELATIONSHIP QUESTIONNAIRE**  
Parent Version

Please answer all questions.

1. In the last month, how many contacts have you had with your child's teacher?

Telephone contacts/voice mail? \_\_\_\_\_ Face-to-face contacts? \_\_\_\_\_

Contacts through written medium/e-mail? \_\_\_\_\_ Other (please specify) \_\_\_\_\_

2. How many contacts did you initiate? \_\_\_\_\_

3. During the last month, how much time have you devoted on a weekly basis to helping your child with his or her schoolwork? \_\_\_\_\_

**Instructions:** For each question below, answer in relationship to your child's teacher. Please use the following key:

	1	2	3	4	5
	Almost Never	Once in a While	Sometimes	Frequently	Almost Always
1. We trust each other.	1	2	3	4	5
2. It is difficult for us to work together.	1	2	3	4	5
3. We cooperate with each other.	1	2	3	4	5
4. Communication is difficult between us.	1	2	3	4	5
5. I respect my child's teacher.	1	2	3	4	5
6. My child's teacher respects me.	1	2	3	4	5
7. We are sensitive to each other's feelings.	1	2	3	4	5
8. We have different views of right and wrong.	1	2	3	4	5
9. When there is a problem, I have to solve it without help from my child's teacher.	1	2	3	4	5
10. My child's teacher keeps his/her promises.	1	2	3	4	5
11. When there is a behavior problem, I have to solve it without help from my child's teacher.	1	2	3	4	5
12. When things aren't going well, it takes too long to work them out.	1	2	3	4	5
13. We understand each other.	1	2	3	4	5
14. We see my child differently.	1	2	3	4	5
15. We agree about who should do what regarding my child.	1	2	3	4	5
16. I expect more from my child's teacher than I get.	1	2	3	4	5
17. We have similar expectations of my child.	1	2	3	4	5
18. My child's teacher tells me when she/he is pleased.	1	2	3	4	5
19. I don't like the way my child's teacher talks to me.	1	2	3	4	5
20. I tell my child's teacher when I am pleased.	1	2	3	4	5
21. I tell my child's teacher when I am concerned.	1	2	3	4	5
22. I tell my child's teacher when I am worried.	1	2	3	4	5
23. I ask my child's teacher's opinion about my child's progress.	1	2	3	4	5
24. I ask my child's teacher for suggestions.	1	2	3	4	5

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*Outreach Worker, Tropical Texas MH/MR, Edinburg, Texas, May 1997-August 1997*  
Worker for mental health outreach program for Mexican-American community.

*Case Manager, PrimeTime, Texas A&M University, August 1997-May1999*  
Responsible for implementing a multi-component intervention prevention program that targets aggressive children.

*Individual Therapist, TAMU Psychology Clinic, August 1998-May 2002*  
Conducted individual psychotherapy with children, adolescents, and adults.

*Case Manager, PrimeSquare, Texas A&M University, August 1999- May 2000*  
Responsible for implementing a multi-component intervention prevention program that targeted subsample of participants in original research program.

*Assessment Coordinator, Project Achieve, Texas A&M University, August 2001-August 2002* Responsible for supervision and training of undergraduate students to administer psychoeducational assessments.

*Psychology Intern, Saint John's Child & Family Development Center, September 2002-September 2003* Conducted psychotherapy with children, family, and parents in individual, group, and school settings. Conducted psychological evaluations.

R E S E A R C H

*October 1998* Poster Presentation at Child Clinical Psychology Conference in Kansas.

*January 2000* Thesis Defense: "Differential Participation in a Selective Prevention Project as a Function of Ethnicity".

*April 2000* Poster Presentation at Western Psychological Association, "Examination of Ethnic Similarity on Consent to Participate".

*July 2002* Dissertation Defense: "Predictors of Minority Parents' Participation in a School linked Selective Prevention Program for Aggressive Children".

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The typist for this dissertation was Clarissa Marie Escobar.