

Evaluation of the Parenting Wisely CD-ROM Parent-Training Programme:
An Irish Replication

Helen O'Neill, D.P.P. & Roger Woodward
South Eastern Health Board, Co. Wexford and the University of Ulster

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Abstract

The purpose of this study was to investigate the effectiveness of Parenting Wisely, a relatively new interactive CD-ROM parent-training programme, in terms of reducing behaviour problems in children and increasing parents' knowledge and use of effective parenting skills. Fifteen parents of children referred to a community care psychology service with behaviour management difficulties were randomly assigned to one of two treatment groups: an early treatment group and a delayed treatment group. Both groups reported significant decreases in the number and intensity of child behaviour problems two weeks following use of the programme. Parents reported an increased use of effective parenting skills at two and four-week follow-up and showed greater knowledge of parenting skills taught in the programme at two-week follow-up. These findings support the Parenting Wisely programme as an effective tool for teaching parenting skills. Parents were considerably satisfied with the programme's content and format. The potential use of the programme in clinical practice and prevention is discussed.

Children with behaviour problems are currently the most common source of referral to child and adolescent treatment services and constitute a third to a half of all clinic referrals (Kazdin, 1997). They have become a treatment priority for many mental health agencies because of their relatively high prevalence, their stability, poor prognosis and continuity within families across multiple generations (Kazdin, Esveldt-Dawson, French & Unis, 1986). In a review of the effectiveness of various psychosocial treatments for children and adolescents with conduct problems, Kazdin (1997) identified behavioural parent training, child-focused problem-solving skills training, functional family therapy and multisystemic therapy as interventions for which there was good empirical support. Of these interventions, parent training is probably the best-documented, cost-effective treatment for child and adolescent problems (Webster-Stratton, 1989).

The effectiveness of parenting interventions has been evaluated extensively with children varying in age and severity of problem behaviour (Kazdin, 1997). Treatment effects have been evident in marked improvements in parent and teacher reports of child behaviour at home and school (Kazdin, 1997). Many parent-training programmes have successfully brought problematic behaviours of referred children within normative levels of their adequately functioning peers (Kazdin, 1997; Webster-Stratton, 1992). Improvements have been reported for two thirds of families treated and are maintained 1-3 years after treatment (Kazdin, 1997; Webster-Stratton, 1997).

Traditionally, parent training has been offered on a one to one basis with an individual therapist and has therefore been time consuming, costly and incapable of meeting increasing demands on services (Webster-Stratton, 1984). This concern with cost-effectiveness gave rise

to group based approaches to parent training, which were proposed as a more cost-effective alternative to individual based programmes (Cunningham et al, 1995). Concern that the lack of opportunity to observe parent-child interactions in a group format would lessen the effectiveness of the approach led to the development of parent-training programmes, which incorporated standardized videotape parenting programmes as a central feature (Webster-Stratton, 1981a). Evaluations of these videotape programmes have demonstrated their effectiveness at teaching various parenting skills (e.g. Webster-Stratton et al, 1988).

While the group format provides parents with support and reduces feelings of isolation, it may be threatening to the shier parent or those who dislike disclosing family information (Gordon, 2000). For these parents individual self-administered videotape-parenting programmes offer an effective alternative (Webster-Stratton, Kolpacoff & Hollinsworth, 1988).

A number of obstacles prevent the widespread dissemination of traditional services to families. Barriers such as lack of transportation, poor childcare facilities and stigma of attending services prevent many families from completing treatment. An additional obstacle is that parenting groups are not generally offered continuously and thus serve relatively few parents in a community (Gordon, 2000).

A new format for parent training has been developed that may minimize treatment barriers and extend the accessibility of parent training programmes to high-risk families (Woodruff, Gordon & Lobo, 1999). This format, which is a logical step beyond the linear videotape parenting programmes, is an interactive multimedia CD-ROM parent-training programme. Such a programme is more accessible to high-risk populations because it is cost-effective, less

stigmatising and can be used as a home-based intervention (Woodruff, Gordon & Lobo, 1999).

This innovative approach to parent education, entitled Parenting Wisely (Gordon, 2000) was developed over a three-year period at Ohio University. The programme was designed to teach parents effective methods for improving family relations by teaching adaptive parenting skills including the use of “I” statements, active listening, assertive discipline, contingency management, contracting, monitoring children’s behaviour and problem solving skills. The skills are taught through a series of video clips, which show families coping with nine common problem situations, such as children not doing chores or siblings fighting with each other. *The highly interactive nature of the program involves parents more than passively watching a video, while providing them control over content and pace and giving them feedback on their responses. This format leads to greater learning, retention, and performance than traditional methods of instruction.*

Research conducted on the programme has shown it to be effective at reducing problem behaviour in children, improving family functioning, reducing maternal depression, increasing parenting knowledge and increasing the use of effective parenting skills (Segal, Chen, Gordon, Kacir & Gylys, *in press*; Kacir & Gordon, 1999; Lagges & Gordon, 1999; Woodruff, Gordon & Lobo, 1999).

Using randomly assigned treatment and control groups, Kacir & Gordon (1999) investigated the effectiveness of the Parenting Wisely programme with parents of thirty-eight adolescents recruited through local schools. At one and four month follow-up, parents in the treatment group reported greater decreases in the number and intensity of their child behaviour

problems on the Eyberg Child Behaviour Inventory (Eyberg & Ross, 1978). Parents in the treatment group also demonstrated significantly greater knowledge of parenting skills at one-month follow-up, than did parents in the control group.

Woodruff et al, (1999) compared the effectiveness of Parenting Wisely with self-help parent training pamphlets. Both groups demonstrated significant improvement on measures of child problem behaviour, parental depression and general family functioning, although the Parenting Wisely group reported greater improvements in the number of child behaviour problems *and family functioning*.

In a study using participants referred from outpatient clinics and a residential treatment centre for juvenile delinquents, Segal et al (*in press*) found significant decreases in the number and intensity of child problem behaviours. Parents also reported an increase in their knowledge and use of effective parenting skills that were taught in the programme.

The Parenting Wisely programme has been recently introduced to Ireland and had not ~~to my knowledge~~ been evaluated in this context prior to the present study. Previous studies have claimed that the Parenting Wisely programme is effective in reducing the number and intensity of problem behaviours in children and in increasing parental knowledge and use of adaptive parenting skills (Segal et al., *in press*; Kacir & Gordon, 1999; Lagges & Gordon, 1999; Woodruff et al, 1999).

The present study aimed to replicate these findings with parents of children referred to the Wexford Community Care Psychology Service. Thus, in line with previous findings it was hypothesized that the number and intensity of child behaviour problems would significantly

reduce from the pre to post intervention phases. It was predicted that parents reported use of adaptive parenting skills would significantly increase from the pre to post intervention phases and that parental knowledge of adaptive parenting skills taught in the programme would significantly improve from the pre to post intervention phase. Parents' satisfaction with the programme in terms of child behaviour improvement, its content and format was also examined.

METHOD

Participants

Parents of fifteen children, referred to the Wexford Community Care Psychology Service, participated in the study. Participants were selected on the basis of the following entry criteria: a) the primary reason for referral was child misconduct, b) the child was between 9 and 18 years of age, c) the parents were not involved in another parenting programme during the study.

Of the 28 families who met the entry criteria, 18 agreed to participate in the study and were randomly assigned to one of two treatment groups: an early treatment group (n=9) and a delayed treatment group (n=9). However, three families subsequently dropped out prior to the intervention, two from the delayed treatment group and one from the early treatment group. Data are therefore presented on the fifteen families who participated in the study.

With regard to the referred children there were 10 boys and 5 girls, with an average age of 11.9 years. Less than half had previously attended psychology services, two were attending a

school guidance counsellor and one child was attending a child psychiatrist. In almost half of the families, the parents were separated. The demographic characteristics of the parents and children of both groups are presented in Table 1.

Show Table 1. Demographic Characteristics

Materials

The Parenting Wisely Programme (Family Works, Inc, 2000).

The Parenting Wisely programme is an interactive computer programme contained on a CD-ROM and played with a multimedia computer. The programme provides training for parents and families in child management and relationship enhancement skills. It is self-administered and commences with a tutorial that teaches parents how to use the programme. Each case scenario opens with a 2-3 minute video clip of a common family problem. The problem is followed by three possible solutions, both positive and negative. Parents choose a solution, see a video clip of their chosen solution and get feedback on the pros and cons of their choice. Parents must choose the most effective solution in order to proceed with the next part of the programme, which involves answering multiple-choice questions about the ideas and skills presented in the particular case scenario.

The programme requires a minimal standard of literacy. Parents can choose to have the computer text read aloud and usually spend 2-3 hours working with the programme. The cases include two parent, single parent and stepfamilies. Preteens and teenagers appear in the video clips and African American, Asian, Caucasian and Hispanic families are represented.

Eyberg Child Behaviour Inventory

This is a 36 item behavioural rating scale of conduct problems in children aged 2 to 16 years. Designed for completion by parents, the E.C.B.I. assesses parents' perceptions of their child's conduct problems. Each behaviour is rated on two scales: an intensity scale that indicates how often the behaviour currently occurs, and a problem scale that identifies whether the child's behaviour is problematic or not for the parent. The E.C.B.I. yields two scores: a Problem Intensity score (assessed on a 7 point rating scale) and a Total Problem Score (the sum of all the items endorsed as a problem on a yes and no scale).

Parent Behaviour Questionnaire (P.B.Q.)

The Parent Behaviour Questionnaire (P.B.Q.) (Gordon, 1994a) is an 8-item measure designed specifically for evaluations of the Parenting Wisely programme. The P.B.Q. assesses how often in the past fortnight parents implemented parenting skills (e.g. active listening, assertive discipline) taught in the programme. Items are rated on a 7-point scale ranging from not at all to several times a day.

Parent Knowledge Test (P.K.T.)

The Parent Knowledge Test (Gordon, 1994b) is a 34 question multiple-choice test designed specifically to measure parental knowledge of the skills taught in the Parenting Wisely programme. The mean score was calculated and used in the analysis.

Consumer Satisfaction Questionnaire (C.S.Q.)

Parents' perceptions of the programme were surveyed by a modified version of the original C.S.Q. (Forehand & McMahon, 1981). The modified version of the C.S.Q. (Gordon et al, 1999) used in the study consisted of 19 items rated on a 7-point rating scale. The

questionnaire assessed parents' perceptions of the overall programme in terms of child behaviour improvement, their confidence in managing their child's behaviour, their views of the teaching format and usefulness of specific aspects of the programme.

Parents were also asked open-ended questions from the original C.S.Q. regarding what they liked and disliked about the programme and whether they required further intervention.

Procedure

Participants were randomly assigned to one of two treatment groups: an early treatment group and a delayed treatment group. All the participants attended the clinic individually to complete baseline measures (E.C.B.I., P.B.Q., P.K.T.) In thirteen cases, mothers were the principal informants and in the two remaining cases, both parents were informants. All the participants chose to use the programme in one session, which took an average of 2.5 hours. Twelve mothers used the programme alone and three mothers used it with their partner.

Two weeks following baseline data collection, parents in the early treatment group used the programme on an individual basis in the clinic over a two-week period. The delayed treatment group did not receive intervention at this stage. At the scheduled intervention session, each parent was referred to a designated room containing the equipment relevant to the programme. Parents were shown the tutorial contained on the CD-ROM, which teaches how to use the programme. They were then instructed to observe and interact with the nine scenarios. Parents used the programme alone but could ask for help if needed. *How many parents asked for help?*

Two weeks after the early treatment group used the programme, both groups returned to the clinic for individual appointments to complete the measures. Following retesting, the delayed treatment group used the programme on an individual basis, while the early treatment group received no further intervention. Two weeks after the delayed treatment group used the programme, both groups were retested in the clinic to determine immediate post-treatment results for the delayed treatment group and 4-week follow-up data for the early treatment group. The delayed treatment group were retested at a 4-week post intervention follow-up.

RESULTS

Eyberg Child Behaviour Inventory

Means, standard deviations and results of the ANOVAs for the Eyberg Intensity variable and the Eyberg Problem variable are presented in Table 2. The dependent variables were examined for goodness of fit to a normal distribution, and the fit was acceptable, except for the Eyberg Intensity scores at the second baseline where skewness was high. These scores were therefore omitted from the ANOVA. Significant time effects were observed as predicted for both treatment groups for the Eyberg Intensity and Problem scores.

Show Table 2 here.

Parent Behaviour Questionnaire

It was predicted that scores on the Parent Behaviour Questionnaire would improve from the baseline phase to post intervention phases. T-tests were used to examine differences between means at baseline and two-week post intervention ($M = 6.33$, $SD = 6.72$, $t = 3.65$, $p = .0015$)

and between means at baseline and four-week post intervention ($M = 7.93$, $SD = 6.81$, $t = 4.513$, $p = .000$). As the t tests are significant the hypothesis is upheld.

Parent Knowledge Test

It was hypothesized that scores on the Parent Knowledge Test would improve from baseline to post intervention. A single sample t-test was used to examine differences between means at baseline and two-week post intervention ($M = 4.47$, $SD = 3.07$, $t = 5.640$, $p = .000$). As predicted there was a marked improvement in parental knowledge of adaptive parenting skills taught in the programme from the baseline to post intervention.

Consumer Satisfaction Questionnaire

Median ratings for each of the nineteen items on the Consumer Satisfaction Questionnaire are presented in Table 3.

Show Table 3 with C.S.Q. results here.

Although parents only reported a slight improvement in their child's behaviour, they were optimistic about further improvements in their child's behaviour. They rated themselves as more confident in their ability to manage their child's current and future behaviour following use of the programme. Parents felt that the programme is an appropriate means of treating child behaviour problems and would recommend it to others. Parents were satisfied with the content of the programme, found it easy to use and were satisfied working alone with a computer.

In response to the open-ended question regarding what they liked about the programme, parents reported that they liked the video clips, the quiz and the choice of solutions to

problems. They found the programme easy to follow and liked being able to use it in private. Parents liked the fact that they could take their time and could review something if they missed it. They felt that the programme got them to stop and think and helped them recognize the importance of listening before acting.

Regarding what they did not like about the programme, parents reported that the video clips tended to show the child agreeing with the parents too easily and felt that the video clips could have been better. Some parents found the programme too long with too much information to absorb in one session. The American accents irritated some of the parents.

With regard to follow-up, nine parents stated that they would like to use the programme again with their referred child/adolescent. Eight parents requested follow-up sessions with the psychologist. Some of the parents reported that they would benefit further from the programme with the opportunity to discuss it with the psychologist or other parents who had used it.

DISCUSSION

The expectation that the intervention would lead to a significant reduction in the reported number and intensity of child behaviour problems at two and four-week post intervention was supported by the present study. A repeated measure ANOVA showed a significant time effect for the Eyberg Intensity variable. A repeated measure ANOVA also showed a significant time effect for the Eyberg Problem variable.

The prediction that the intervention would lead to a significant increase in parents' reported use of effective parenting skills as measured by the Parent Behaviour Questionnaire was supported by the study. Mean scores at two and four-week follow-up were significantly higher than at baseline as seen in Table 3.

As expected, parents demonstrated significantly greater knowledge of parenting skills taught in the programme. A significant mean improvement score from baseline to two-week post intervention was obtained as seen in Table 3. This finding supports the findings of previous evaluations of the programme, which also demonstrated significant improvement in parenting knowledge following use of the programme.

Parents reported considerable satisfaction with the Parenting Wisely programme in terms of child behaviour improvement and its content and format.

Limitations of the study

First, because of the ethical issue of withholding treatment from families, it was not possible to use a no-treatment control group. Given this issue and the difficulty in recruiting sufficient numbers of participants with children in the appropriate age range, a repeated measures (within subjects) design was used. Such a design allows for a smaller number of participants to test the hypotheses than would be necessary for a between groups design. As each participant serves as his or her own control, subject variables remain constant across conditions and error variance is reduced, thus yielding a more powerful test of the effect being investigated. Second, due to time constraints, the study only examined post treatment data after relatively brief follow-up periods of two and four weeks. Although treatment effects

were observed at two and four-week follow-up it is not known if these effects would be maintained at longer follow-up periods.

Another limitation of this study is that two of its measures, the Parent Behaviour Questionnaire and the Parent Knowledge Test are unstandardized instruments designed by the programme developers specifically for conducting evaluations of the programme. While these measures meet the requirements of face validity and the Parent Knowledge Test shows moderate reliability, further testing of their psychometric properties is needed. A further limitation regarding the use of measures in the study is that all of the measures used were paper and pencil, parent report measures. As with any self-report measure, the accuracy of the parent's reports of their own and their child's behaviour are questionable and susceptible to social desirability. This is particularly likely on the Parent Behaviour Questionnaire where parents are asked how often in the past fortnight they have used specific parenting skills that are taught in the programme. Parents may endorse a greater number of adaptive parenting skills than they actually used in an attempt to portray themselves as good parents.

As the study did not include an objective measure of behaviour change there is no evidence that parents are actually using the skills that they have reported using. Incorporating either direct observation of the children and parents' behaviour or structured interviews of parents reporting a very recent behaviour would strengthen the design.

Future Research

There is a need for further evaluations of the Parenting Wisely programme with Irish clinical and non-clinical populations to determine if the treatment effects observed in the present study would be replicated. It is recommended that future evaluations of the programme

examine post treatment data after longer time periods (e.g. six months) to determine if any observed treatment effects are maintained. *It is also recommended that multiple respondents for child problem behaviour be used, such as teachers and the child.*

Comparison of the Parenting Wisely programme with other parent-training programmes currently in use is needed to determine which approach is most effective in terms of teaching parenting skills, reducing child behaviour problems and best meeting service demands. Future studies could compare the effects of using the programme on its own with using it in the context of a traditional group parent-training format. Alternatively, future evaluations of the programme could examine the effects of adding brief therapist consultation following use of the programme either face-to-face or by telephone.

Most of the participants in the present study were mothers and over half of them expressed interest in using the programme again with their referred child. Perhaps future studies could look at the effects of including other family members such as fathers, adolescents and the maintenance of these effects over time.

Implications for Practice

The present study supports previous research findings in concluding that parents are capable of learning from a self-administered CD-ROM parent-training programme. Although many of the parents had little experience with computers, they found the programme easy to use and were satisfied with working with the computer alone. The Parenting Wisely programme has a number of advantages. Firstly, because the programme is self-administered, there is no need for a professional to be present and is therefore cost efficient in terms of professionals' time.

It also requires less time commitment from parents than that required by a traditional parenting group approach.

Secondly, because Parenting Wisely is a computer programme, parents can proceed at their pace and can review aspects of the programme if desired. The programme can be offered to parents as a home based programme, which allows parents to use it at their convenience. Home based use of a parent-training programme may reduce the stigma often associated with attending psychology services and could be useful for parents resistant to treatment. A further advantage of the programme is that it is implemented by a computer rather than a person and therefore offers non-judgemental feedback in a private setting.

Despite these advantages, there are potential barriers to its widespread use. Professionals may believe that psychological services need to be provided by a person rather than a computer and in a face-to-face context in order to be effective. Secondly, despite increased access to computers, many parents remain computer illiterate and wary of computer programmes such as Parenting Wisely.

Parenting Wisely has the potential to be relatively easily incorporated into clinical practice, either as part of individual behavioural parent training sessions or as a basis for group discussion. It could also be offered routinely to families when first referred to psychology services with behaviour management difficulties. Following use of the programme, the psychologist could assess the severity of the child's behaviour, the parent's motivation to implement the parenting skills they have learned in the programme and the presence of other family problems. Based on this assessment, recommendations could be made regarding the need for intervention. The advantage of offering parents the programme before engaging in

therapy is that by using the programme they are educated in behaviour management principles and techniques. This allows for the psychologist's time to be spent more efficiently in a consultative role, in which they reinforce parents' skills and help them to generalize the principles learned in the programme to their own situations and problems.

The programme also has the potential for use in preventive education. If made widely available to parents in schools, public libraries and doctors' surgeries, it could prevent the onset, or at the very least the escalation of child behaviour problems.

REFERENCES

Cunningham, C., Bremner, R., & Boyle, M. (1995). Large group community-based parenting programmes for families of preschoolers at risk for disruptive behaviour disorders: utilisation, cost-effectiveness and outcome. *Journal of Child Psychology*, **36** (7), 1141-1160.

Eyberg, S.M. & Ross, A.W. (1978). Assessment of child behaviour problems: the validation of a new inventory. *Journal of Clinical Psychology*, **16**, 113-116.

Family Works, Inc. 20 East Circle Drive, Suite 190, Athens, Ohio, U.S.A.

Forehand, R.L. & McMahon, R.J. (1981). *Helping the noncompliant child: A clinician's guide to parent training*. New York: Guilford Press.

Gordon, D.A. (1994a). Parent Behaviour Questionnaire. Unpublished measure, Ohio University, Athens.

Gordon D.A. (1994b). Parent Knowledge Test. Unpublished measure, Ohio University, Athens.

Gordon, D.A. (2000). Parent training via CD-ROM: Using Technology to Disseminate Effective Prevention Practices. *The Journal of Primary Prevention*, **21**, (2), 227-251.

Kacir, C & Gordon, D (1999). Parenting Adolescents Wisely: The effectiveness of an Interactive Videodisk Parent Training Program in Appalachia. *Child and Family Behaviour Therapy*, **21**, 1-22.

Lagges, A. & Gordon, D. (1999). Use of an interactive laserdisc parent-training program with teenage parents. *Child & Family Behaviour Therapy*, **21**, 19-35.

- Kazdin, A. (1997). Practitioner Review: Psychosocial Treatments for Conduct Disorder in Children. *Journal of Child Psychology & Psychiatry*, **38**, 2, 161-178.
- Kazdin, A.E., Esveldt-Dawson, K., French, N.H., & Unis, A.S. (1986). Effects of parent management training and problem-solving skills training combined in the treatment of antisocial child behaviour. *Journal of the American Academy of Child & Adolescent Psychiatry*, **26**, (3), 416-424.
- Segal, D., Chen, P., Gordon, D.A. Kacir, C., & Gyls, J. (*in press*). Development and validation of interactive multimedia parenting intervention. *International Journal of Human-Computer Interaction*.
- Webster-Stratton, C. (1981a). Videotape modelling: A method of parent education. *Journal of Clinical Child Psychology*, **10**, 93-97.
- Webster-Stratton, C. (1984). Randomized trial of two parent training programmes for families with conduct disordered children. *Journal of Consulting and Clinical Psychology*, **52**, 666-678.
- Webster-Stratton, C., Kolpacoff, M & Hollinsworth, T. (1988). Self-administered videotape therapy for families with conduct problem children: Comparison with two cost-effective treatments and a control group. *Journal of Consulting and Clinical Psychology*, **56**, 558-566.
- Webster-Stratton, C. (1988). Self-administered video tape therapy for families with conduct problem children. *Journal of Consulting & Clinical Psychology*, **56**, 4, 558-566.
- Webster-Stratton, C. (1989). Systematic comparison of consumer satisfaction of three cost-effective parent-training programmes for conduct problem children. *Behaviour Therapy*, **20**, 103-115.
- Webster-Stratton, C. (1992). Individually administered videotape parent training: "Who Benefits?" *Cognitive Therapy and Research*, **16**, 1, 31-52.
- Webster-Stratton, C. (1997). From parent training to community building. Families in society. *The Journal of Contemporary Human Services*. Mar/Apr, 156-171.
- Woodruff, C., Gordon, D., & Lobo, T.S. (1999). Reaching High Risk Families Through Home-Based Parent Training: A Comparison of Interactive CD-ROM and Self-Help Parenting Programmes. Unpublished manuscript, Ohio University.

Table 1. Demographic Characteristics

Variables		Early Treatment Group (n = 8)	Delayed Treatment Group (n = 7)
Child's gender	Male	6	4
	Female	2	3
Child's age	Mean	11.4	12.25
Child lives with	2 parents	6	2
	1 parent	2	4
	Mother & partner	0	1
Marital status	Married	5	2
	Separated	3	5
Parent's computer Experience	Low	4	5
	Medium	2	2
	High	2	0

Parents' own a Computer	Yes	2	2
	No	6	5
Child attending Therapy	Yes	1	2
	No	7	6
Previous referral To psychology	Yes	3	4
	No	5	6

Table 2. Results of ANOVAs for E.C.B.I. Intensity and Problem Scores

EFFECTS		Total Group			ANOVA	
Variable	Sig.	Time 1	Time 3	Time 4	Value	F*
E.C.B.I.	M	139.33	130.20	129.20	.207	24.838a
Intensity	SD	45.61	47.54	42.80		
Raw score						
E.C.B.I.	M	17.53	16.27	13.60	.587	4.568a
Problem	SD	7.98	9.06	7.61		
Raw score						

* Results of a Repeated Measures ANOVA for Time 1, Time 3 & Time 4 on the total group (n=15).

Table 3. Consumer Satisfaction Questionnaire Results at Post Intervention.

Variable	Median Rating
1. The major problem that originally prompted me to begin treatment for my child is (are) at this point (considerably worse = 1 to greatly improved = 7)	5
2. My child's problems that have been discussed in the parent-training programme are at this point (considerably worse = 1 to greatly improved = 7)	5
3. My child's problems that have <i>not</i> been discussed in the parent-training programme are (considerably worse = 1 to greatly improved = 7)	4
4. My feelings at this point about my child's progress are that I am (very dissatisfied = 1 to very satisfied = 7)	5
5. To what degree has the treatment programme helped with other general personal or family problems not directly related to your child? (hindered more than helped = 1 to helped very much = 7)	6
6. As to improvement of my child's behaviour problem I am (very pessimistic = 1 to very optimistic = 7)	6
7. I feel the approach to treating my child's behaviour problems in the home by using this type of parent-training programme is (very inappropriate = 1 to very appropriate = 7)	6
8. Would you recommend the programme to a friend or relative? (strongly recommend = 7 to strongly not recommend = 1)	6
9. Before you participated in this programme, how confident were you in managing behaviour problems in the home on your own? (very confident = 7 to very unconfident = 1)	4
10. How confident are you <i>now</i> in managing <i>current</i> behaviour problems in the home on your own? (very confident = 7 to very unconfident = 1)	6
11. How confident are you in your ability to manage <i>future</i> behaviour problems in the home using what you learned from this programme? (very confident = 7 to very unconfident = 1)	6
12. My overall feeling about the programme in regard to my child and family is (very negative = 1 to very positive = 7)	
13. How did you find using the computer programme? (very easy = 7 to very difficult = 1)	6
14. How satisfied were you working with only a computer? (Very satisfied = 7 to very dissatisfied = 1)	6
15. How satisfied were you with the amount of time it took to use the programme? (very satisfied = 7 to very dissatisfied = 1)	6
16. How relevant were the problems in the video clips to your situation? (very relevant = 7 to very irrelevant = 1)	5
17. How useful were the video clips of different child behaviour problems? (extremely not useful = 1 to extremely useful = 7)	6
18. How useful was the feedback on your response(s) to the problems? (extremely useful	

= 7 to extremely not useful = 1)

6

19. How useful was the quiz in helping you to recall the skills learned in the programme?
(extremely useful = 7 to extremely not useful = 1)

6