Systematic Training for Effective Parenting (STEP)

Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices. Although STEP was designed for use with parents facing typical parenting challenges, all the studies reviewed for this summary targeted families with an abusive parent, families at risk for parenting problems and child maltreatment, or families with a child receiving mental health treatment.

There are four current versions of STEP: Early Childhood STEP for parents of children up to age 6; STEP for parents of children ages 6 through 12; STEP/Teen for parents of teens; and Spanish STEP, a complete translation of the STEP program for parents of children ages 6 through 12.

STEP is presented in a group format, with optimal group sizes ranging from 6 to 14 parents. The program is typically taught in 8 or 9 weekly, 1.5-hour study groups facilitated by a counselor, social worker, or individual who has participated in a STEP workshop. Using the STEP multimedia kit (including the Leader's Resource Guide, Parent's Handbook, DVDs, and an 11-point drug prevention educational component), the leader teaches lessons to parents on how to understand child behavior and misbehavior, practice positive listening, give encouragement (rather than praise), explore alternative parenting behaviors and express ideas and feelings, develop their child's responsibilities, apply natural and logical consequences, convene family meetings, and develop their child's confidence. Parents engage in role-plays, exercises, discussions of hypothetical parenting situations, and the sharing of personal experiences. Videos demonstrate the concepts covered each week with examples of ineffective and effective parent-child interactions.

Descriptive Information

Areas of Interest	Mental health promotion
Outcomes	**Review Date: January 2010** 1: Child behavior 2: Parent potential to physically abuse child 3: General family functioning 4: Parenting stress 5: Parent-child interaction
Outcome Categories	Family/relationships Mental health Social functioning Physical aggression and violence-related behavior
Ages	0-5 (Early childhood) 6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	Outpatient School

	Other community settings
Geographic Locations	Urban
Implementation History	STEP has been implemented in more than 1,000 schools, agencies, churches, and mental health treatment facilities since 1976, reaching more than 4 million parents. The program has been evaluated in approximately 70 separate research studies. Outside the United States, STEP has been implemented in Australia, Canada, Germany, Ireland, Mexico, New Zealand, the Philippines, Romania, and South Korea.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	The intervention has been translated into French, German, and Japanese.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	Selective

Quality of Research

Review Date: January 2010

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Gillette, N. Y. (1989). Evaluation of the use of a Systematic Training for Effective Parenting program modified for low-income Puerto Rican parents of preschoolers. Doctoral dissertation, University of Massachusetts. (UMI No. 9011728)

Study 2

Fennell, D. C., & Fishel, A. H. (1998). Parent education: An evaluation of STEP on abusive parents' perceptions and abuse potential. Journal of Child and Adolescent Psychiatric Nursing, 11(3), 107-120.

Study 3

Adams, J. F. (2001). Impact of parent training on family functioning. Child and Family Behavior Therapy, 23(1), 29-42.

Study 4

Huebner, C. E. (2002). Evaluation of a clinic-based parent education program to reduce the risk of infant and toddler maltreatment. Public Health Nursing, 19(5), 377-389.

Outcomes

Outcome 1: Child behavior	
Description of Measures	Two studies measured child behavior using the original or a modified version of the Adlerian Parental Assessment of Child Behavior Scale (APACBS), a 32-item inventory of children's behaviors. In the original APACBS, each behavior is rated by the parent on a 7-point Likert scale ranging from "always" to "never." Examples of the items include the following: Your identified child "changes behavior when told that it bothers you," "argues with you," "interrupts you at inappropriate times," "behaves in such a way that you find yourself feeling angry," and "remembers to take lunch money, books, etc. to school." The modified APACBS was altered to refer to appropriate and inappropriate behaviors of 3- and 4-year-old children, with responses limited to "yes" and "no." In the first study, the modified version of the APACBS was used and additionally was translated into Spanish by a psychologist. It was administered at pre- and posttest. In the second study, the original APACBS was administered at pretest (initial referral) and posttest (9 weeks later).
Key Findings	In one study, low-income Puerto Rican mothers of 3- and 4-year-olds enrolled in a preschool program received a four-session Spanish-language version of the STEP program or no intervention.

	Analysis of the data collected using the modified 32-item APACBS revealed no significant difference at posttest between the groups in mothers' perceptions of child behaviors. An analysis also was conducted with a subset of 16 items for which answers seemed less obviously determined by cultural or societal norms. In this analysis, mothers who participated in STEP rated their child significantly more positively following treatment than control group mothers (p = .048). In another study, parents of children ages 4 to 14 who had abused their children or were suspected of abuse received the 9-week STEP program or were placed in a wait-list control group. Parents who received STEP had significantly better perceptions of their children's behavior at posttest than those in the control group (p = .04).
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Quasi-experimental
Quality of Research Rating	2.1 (0.0-4.0 scale)

Outcome 2: Parent potential to physically abuse child	
Description of Measures	Parent potential to physically abuse was measured using the Child Abuse Potential Inventory (CAP-I), a 160-item self-report questionnaire designed to screen a person's potential for physical child abuse. The CAP-I was administered at pretest (initial referral) and posttest (9 weeks later).
Key Findings	Parents of children ages 4 to 14 who had abused their children or were suspected of abuse received the 9-week STEP program or were placed in a wait-list control group. Parents who received STEP had significantly less potential to be physically abusive at posttest than those in the control group (p = .003).
Studies Measuring Outcome	Study 2
Study Designs	Quasi-experimental
Quality of Research Rating	2.6 (0.0-4.0 scale)

Outcome 3: General family functioning	
Description of Measures	General family functioning was measured using the Family Assessment Device (FAD), a 60-item self-report questionnaire that includes 6 domains of family functioning: Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, and Behavior Control. The FAD's General Functioning scale, a global assessment of the family's ability to accomplish basic, everyday tasks, is based on 12 items taken from the 6 domains. Scores on the FAD range from 1 (very healthy) to 4 (very unhealthy). Scores of 2 or more indicate unhealthy functioning in the clinical range. The FAD was administered to parents at pretest (within 2 weeks of the first session) and at posttest (at the last session).
Key Findings	Parents whose 3- to 16-year-old children were receiving routine mental health services were assigned either to an intervention group participating in the 8-week STEP program or to a comparison group given access to clinical services as requested. From pre- to posttest, families whose parents completed STEP had more improvement in general family functioning (p < .05) and in the domains of Problem Solving (p < .05), Communication (p < .01), Affective Responsiveness (p < .01), and Behavior Control (p < .05) than comparison group families. Differential effects were found in specific domains depending on the age of the child: STEP participants reported better functioning in Roles with children over 10 (p < .05) and better functioning in Behavior Control with children under 10 (p < .05). Further, 38% of STEP participants had improvement in family functioning scores from the clinical range to the healthy range, compared with only 12% of comparison group participants (p = .02).
Studies Measuring Outcome	Study 3
Study Designs	Experimental
Quality of Research Rating	3.2 (0.0-4.0 scale)

Outcome 4: Parenting stress	
Description of Measures	Parenting stress was evaluated using the Parenting Stress Index/Short Form (PSI/SF), a 36-item self-report measure with subscales that tap multiple sources of stress resulting from characteristics of the parent (e.g., sense of competence, depression), child temperament (e.g., demandingness, adaptability, mood), and the parent-child dyad (e.g., attachment, acceptability of the child). The PSI/SF was administered at pretest (the first session) and posttest (the last session).
Key Findings	Parents of infants and toddlers were recruited from a health department clinic, two children's clinics, and a residential drug treatment program to participate in the 8-week Early Childhood STEP program. Participants showed a significant decline in parenting stress from pre- to posttest ($p < .001$), a finding associated with a small effect size (Cohen's $d = 0.42$). Patterns of change in parent stress differed among the three groups of parents in the study: • Decreased stress in the parent-child relationship was statistically significant among participants in the health department ($p < .01$) and children's clinic ($p < .05$) groups. • Decreased stress resulting from the temperament and behavior of the child was statistically significant among participants in the children's clinic group ($p < .05$). • Decreased stress resulting from the mother's feelings about herself was statistically significant among participants in the drug treatment group ($p < .001$).
Studies Measuring Outcome	Study 4
Study Designs	Preexperimental
Quality of Research Rating	3.2 (0.0-4.0 scale)

Outcome 5: Parent-child interaction	
Description of Measures	Two measures were used to assess parent-child interaction: • The Home Observation for Measurement of the Environment (HOME) measures aspects of an infant's environment associated with favorable early development: emotional and verbal responsiveness of the mother, avoidance of restriction and punishment, organization of the environment, provision of appropriate play materials, maternal involvement with the child, and opportunities for variety in daily stimulation. The HOME is based on both observation and a semistructured interview. The entire inventory consists of 45 binary-choice items. Higher total HOME scores indicate a more stimulating and supportive environment. • The Nursing Child Assessment Teaching Scale (NCATS) describes parent-infant interaction during a mildly stressful teaching situation involving motor tasks. Of the 73 items used to calculate the total score, 50 items reflect the parent's role in the interaction (sensitivity to the infant's cues, response to the child's distress, emotional growth fostering, and cognitive growth fostering), and 23 pertain to infant behavior (clarity of cues given to the parent and responsiveness to the parent). The measures were administered by public health nurses certified in the use of the evaluation tools at pretest (within 2 weeks of the first session) and at posttest (within 4 weeks following the last session).
Key Findings	Parents of infants and toddlers were recruited from a health department clinic, two children's clinics, and a residential drug treatment program to participate in the 8-week Early Childhood STEP program. From pre- to posttest, the health department group and children's clinic group showed a significant increase in average HOME scores ($p < .01$). Scores also improved for the drug treatment group, but the change was not statistically significant. The effect size for the total sample was small (Cohen's $d = 0.26$). Also from pre- to posttest, participants demonstrated significantly improved parent-infant interaction during a mildly stressful teaching situation, a finding associated with a small effect size (Cohen's $d = 0.45$). The pattern of improvement differed by parent group: • The health department group showed significant gain in the parent subscore ($p < .001$), infant subscore ($p < .01$), and total NCATS score ($p < .001$). • The drug treatment group showed significant improvement in total NCATS score ($p < .01$) and

	infant subscore ($p < .001$). • The children's clinic group did not show statistically significant improvement.
Studies Measuring Outcome	Study 4
Study Designs	Preexperimental
Quality of Research Rating	3.2 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	0-5 (Early childhood)	100% Female	100% Hispanic or Latino
Study 2	6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)	88.9% Female 11.1% Male	61.1% White 38.9% Black or African American
Study 3	0-5 (Early childhood) 6-12 (Childhood) 13-17 (Adolescent) 18-25 (Young adult) 26-55 (Adult)	70.3% Female 29.7% Male	Data not reported/available
Study 4	0-5 (Early childhood) 18-25 (Young adult) 26-55 (Adult)	94.9% Female 5.1% Male	35.1% White 32.5% Black or African American 32.4% Race/ethnicity unspecified

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Child behavior	3.3	2.8	1.8	1.5	1.5	2.0	**2.1**
2: Parent potential to physically abuse child	4.0	4.0	2.0	1.5	1.0	3.0	**2.6**
3: General family functioning	3.5	3.5	2.5	3.5	2.5	3.5	**3.2**
4: Parenting stress	4.0	3.0	2.5	3.5	2.5	3.5	**3.2**
5: Parent-child interaction	3.5	3.5	2.5	3.5	2.5	3.5	**3.2**

Study Strengths

Most of the assessment tools used in the studies were appropriate and have strong documented reliability and validity. Fidelity was addressed by narrative evidence in some studies of adherence to a comprehensive Leader's Resource Guide. Some potential confounding

variables were eliminated in one study during data analysis. For example, for the outcomes related to parenting stress and parent-child interactions, analyses controlled for differences in individual and familial risk characteristics, parenting class group (group recruited from community or drug treatment), and baseline scores on the outcome variables. The authors also used an intent-to-treat analysis and attempted to rule out pretest sensitization. Across the studies, some of the analyses were appropriate for the study design and type of data collected. For example, adjustments were made for sample size, and the outcome related to general family functioning was examined in terms of the movement of study participants from the clinical range to the healthy range.

Study Weaknesses

In one study, an instrument was adapted to measure children's behavior, and the adapted version had no tested reliability or validity. Furthermore, the findings based on this instrument were only significant when researchers removed half the questions from the analysis. There is little to no documentation regarding training, monitoring, fidelity measures, or judgments by experts related to fidelity. This is of particular concern given the variation in implementation from study to study. A large number of participants dropped out of the program across the studies with little or no information regarding comparability between program completers and dropouts. Three of the four studies had a very small sample size, and the study that had an adequate sample size did not use a comparison group. One study's design was changed from a randomized experimental design to a quasi-experimental design during the course of the study.

Readiness for Dissemination

Review Date: January 2010

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Dinkmeyer, D., Sr., McKay, G. D., & Dinkmeyer, D., Jr. (1997). Leader's resource guide, Systematic Training for Effective Parenting. Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., Sr., McKay, G. D., & Dinkmeyer, D., Jr. (1997). Systematic Training for Effective Parenting [VHS]. Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., Sr., McKay, G. D., & Dinkmeyer, D., Jr. (1997). The parent's handbook. Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., Sr., McKay, G. D., Dinkmeyer, J. S., & Dinkmeyer, D., Jr. (1997). Systematic Training for Effective Parenting of children under six, Early Childhood STEP [VHS]. Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., Sr., McKay, G. D., Dinkmeyer, J. S., Dinkmeyer, D., Jr., & McKay, J. L. (1997). Leader's resource guide, Systematic Training for Effective Parenting of children under six, Early Childhood STEP. Circle Pines, MN: American Guidance Service.

Dinkmeyer, D., Sr., McKay, G. D., Dinkmeyer, J. S., Dinkmeyer, D., Jr., & McKay, J. L. (1997). Parenting young children, Systematic Training for Effective Parenting of children under six. Circle Pines, MN: American Guidance Service.

STEP Leader Training Workshop [flyer]

STEP Publishers, LLC. (2007). STEP Programs Leadership Training Workshop. Bowling Green, KY: Author.

STEP Web site, http://www.steppublishers.com/

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.5	2.5	2.0	**2.7**

Dissemination Strengths

Materials are well written, organized, and readily available, and they are presented in a format that is easy to understand and implement. The Leader's Resource Guide clearly describes how to manage challenges and difficulties that may arise during group sessions. In addition

to training workshops, the developer offers free assistance from STEP program implementation experts as well as a Web forum addressing program implementation issues. The guide includes straightforward and simple survey forms that can be used to assess changes in parent attitudes and evaluate participants' experience in the program.

Dissemination Weaknesses

Guidance on the individual implementation steps, including how sessions should be structured, is insufficient. Training is not required, and very little information is provided on the quality and scope of the training and support available. There is no quality assurance system; the measures are limited to assessments of parent attitudes and their evaluation of the program, and there are no instructions provided to group leaders on how to use the information collected.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
STEP kit	$345 each	Yes
Parent's handbook	$16.99 per participant (quantity discounts available)	Yes
1-day, off-site training workshop (includes STEP kit)	$299 per participant	No
1-day, off-site training workshop	$115 per participant	No
Technical assistance from program experts	Free	No
Web forum	Free	No
Leader checklist	Free	No

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

* Adams, J. F. (2001). Impact of parent training on family functioning. Child and Family Behavior Therapy, 23(1), 29-42.

Brooks, L. D., Spearn, R. C., Rice, M., Crocco, D., Hodgins, C., & Vander Schaaf, G. (1988). Systematic Training for Effective Parenting (STEP): An evaluative study with a Canadian population. Canada's Mental Health, 36(4), 2-5.

Burnett, P. (1988). Evaluation of Adlerian parenting programs. Individual Psychology: Journal of Adlerian Theory, Research and Practice, 44(1), 63-76.

Damrad, A. (2007). Evaluating a parent training program: Scale analysis and the effects of Systematic Training for Effective Parenting (STEP) on child and parent behavior. Dissertation Abstracts International, 67(7), 4156B.

Larson, B. J. (2000). Systematic Training for Effective Parenting of Teens (STEP/Teen): Parental authority, adolescent externalizing behavior, and parent-child relationships. Dissertation Abstracts International, 61(3), 1640B.

Ring, S. (2001). Use of role playing in parent training: A methodological component analysis of Systematic Training for Effective Parenting. Dissertation Abstracts International, 61(11), 6121B.

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Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- **http://www.steppublishers.com/**