

This study examined parental satisfaction (using the Parent Satisfaction With Youth Scale) in 132 parents of adolescents who were dually diagnosed with conduct disorder/oppositional defiant disorder and drug abuse/dependence. Results indicated parental satisfaction did not vary as a function of age, ethnic minority status, or gender. Parents of younger youth were generally more dissatisfied than parents of older adolescents although younger youth were no more delinquent than older youth. These results suggest that parents of delinquent youth become tolerant of their children's behavior problems with time. As expected, parents were most dissatisfied with their youth's use of drugs, illicit behavior, school performance, and response to discipline. Parents who endorsed lower levels of satisfaction reported their youth engaged in more pronounced levels of problem behavior and more drug use than did parents who were relatively more satisfied with their youth. Study implications and future directions are discussed.

## **Satisfaction of Parents With Their Conduct-Disordered and Substance-Abusing Youth**

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**It is well documented that** parents of conduct-disordered youth experience pronounced difficulties in many areas of the parent-adolescent relationship (Capaldi, 1991, 1992; Foster, 1994; Horne & Glaser, 1993; Robin, Koepke, & Moye, 1990; Webster-Stratton & Dahl, 1995). In general, problems in the parent-adolescent relationship most often occur in areas that can be objectively defined, such as curfew (Smetana, Yau, Restrepo, & Braeges, 1991), friends and activ-

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ities (Smetana, 1989), chores (Ellis-Schwabe & Thornburg, 1986), illicit drug use (Rae, 1992), alcohol use (Olson et al., 1983), schoolwork (Papini & Seby, 1988), discipline (Alim, 1994), household rules and regulation of the adolescent's activities (Smetana, 1989), illicit activity (Rae, 1992), and communication (Conger & Peterson, 1984; Vangelisti, 1992).

Surprisingly, however, only a few investigations have evaluated parental happiness with their youth's behaviors in the aforementioned areas, including which of these areas are most and least dissatisfying to the parent. Knowledge of such information would help to guide intervention as parental motivation to engage in treatments for their youth is probably greatest when intervention addresses behavioral domains of greatest relative parental dissatisfaction (Donohue & Azrin, in press). Studies that have examined happiness in the adolescent-parent relationship consistently indicate that lower levels of satisfaction are associated with behavioral problems. For example, in a sample of 200 seventh-graders and their parents, disagreements about contact with peers, personal habits (e.g., homework), and family obligations (e.g., cleanliness of room and helping at home) were all negatively related to parental satisfaction (Hill & Holmbeck, 1987). A positive relationship between parental satisfaction and school performance was evidenced in a study of 93 gifted junior high school students and their parents (Strom, Strom, Strom, & Collingsworth, 1994). Similar results have been found in samples of children who evince behavior problems. Mouton and Tuma (1988) reported that mothers of young children who were diagnosed with externalizing disorders were less satisfied with the parent-child relationship than mothers of young children who had never received psychological services for behavior problems. Similarly, Tarter et al. (1993) found that youth externalizing behavior problems, as measured by the Child Behavior Checklist (Achenbach & Edelbrock, 1983), were associated with parental dissatisfaction and that this association was not due to socioeconomic status. Others have also found an inverse relationship between parental satisfaction and problem behaviors as measured by the Child Behavior Checklist (Ammerman, Loeber, Kolko, & Blackson, 1994; Guidubaldi & Cleminshaw, 1988; Jacob & Seilhamer, 1985).

Although these studies appear to indicate a relationship between parental satisfaction and behavioral disturbance in their children, it should be mentioned that only two studies have assessed parent satisfaction with their youth across multiple behavioral domains using scales with adequate psychometric properties (Ammerman et al., 1994; Jacob & Seilhamer, 1985). This latter point is particularly relevant as investigators have long argued that data are needed as to how the global concept of satisfaction between parents and their children can be more specifically defined (Jacob & Seilhamer, 1985). Investigators have also indicated that there is a need to develop and evaluate scales to measure parent satisfaction (Guidubaldi & Cleminshaw, 1985, 1988; James, Schumm, Kennedy, Grigsby, & Sheckman, 1985; Marini, 1980; Tarter et al., 1993). Although measures of parental satisfaction with their children exist, several of these inventories are difficult to interpret because items that assess parental satisfaction with their youth are embedded within scales of family satisfaction (Schumm, McCollum, Bugaighis, Jurich, & Bollman, 1986), maternal role satisfaction (Bowen, 1982), or scales that evaluate other dimensions of the parent-adolescent relationship (e.g., attachment, independence, conflict, broad skill deficits, parental strengths, and needs) (Robin et al., 1990; Strom & Strom, 1998; Strom et al., 1994; Sullivan & Sullivan, 1980). Unfortunately, many measures that purport to assess parents' satisfaction with their youth evidence psychometric problems or lack of clinical utility, including (a) exclusive evaluation of overall satisfaction and/or nonspecified behaviors (Ge et al., 1992; Guerney, 1977; Guidubaldi & Cleminshaw, 1985, 1988; James et al., 1985; Marini, 1980; Schlein, Guerney, & Stover as cited in Guerney, 1977), (b) evaluation of satisfaction with the parents' children rather than a specific target child (Guidubaldi & Cleminshaw, 1985, 1988; James et al., 1985; Marini, 1980), and (c) no assessment of reliability and validity in samples of parents with adolescents (Farber & Jenne, 1963; Frederiksen, Jenkins, & Carr, 1976; Ge et al., 1992; Guidubaldi & Cleminshaw, 1988; Schlein et al. as cited in Guerney, 1977; Tarter et al., 1993). Only one measure evaluates parents' satisfaction with specified behaviors (Parent-Child Areas of Change Questionnaire) (Jacob & Seilhamer, 1985) and has demonstrated adequate psychometric properties in parent-adolescent

populations. However, this scale is not equipped to assess parental satisfaction with problem behaviors that are often evidenced in conduct-disordered and substance-abusing populations (e.g., illicit behavior and substance use). Thus, measures of parental satisfaction with youth behaviors that demonstrate good psychometric properties are needed, particularly in conduct-disordered and drug-abusing adolescent populations. Given this need, the purpose of this study was twofold: (a) to examine satisfaction of parents with their delinquent and drug-abusing youth and (b) to initially examine the clinical utility and psychometric properties of the Parent Happiness With Youth Scale (PHYS), an inventory that was adapted from the Parent-Youth Happiness Scale (PYHS) (Besalel & Azrin, 1981), to assess satisfaction of parents with drug-abusing and conduct-disordered youth (Azrin et al., 1996; Azrin, Donohue, Besalel, Kogan, & Acierno, 1994; Azrin, McMahon, et al., 1994).

### **STUDY 1: INITIAL EXAMINATION OF THE PARENT SATISFACTION WITH YOUTH SCALE**

#### **METHOD**

##### **Subjects**

The study sample consisted of 132 adults who were the legal guardians of an adolescent who met *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994) criteria for conduct disorder (or oppositional defiant disorder) and substance abuse (or substance dependence) according to a structured phone interview that was conducted with the legal guardian immediately prior to participation in the study. Of these youth, 102 (77%) were male, and their mean age was 15.2 years ( $SD = 1.3$ ). Eighty-two (62%) were Caucasian, and 50 were of ethnic minority status (10% African American, 21% Hispanic, and 7% mixed minority status). One hundred and six of these youth (80%) had a history of being arrested.

Ninety-three percent of the legal guardians were biological parents (77% biological mothers and 16% biological fathers). Therefore, legal

guardians will be referred to as *parents* henceforth. Sixty-four (48%) of the parents were referred by community agencies and juvenile justice caseworkers, 13 (10%) were referred by school administrators, 26 (20%) referrals were initiated by the parent, and 29 (22%) of these youth were court mandated. Mean age of these parents was 42.5 ( $SD = 6.2$ ), and their median gross family income per year was \$35,000 (range = \$0 to \$220,000). One hundred and ten (83%) of the parents were female, and 83 (63%) were married/cohabitating.

### Procedure

During the parent's initial call to an outpatient, cognitive-behavioral treatment program for conduct-disordered and drug-abusing youth, a structured interview was conducted to determine if the youth met the following inclusionary criteria for acceptance into the study: (a) 12 to 17 years of age, (b) diagnosed with both a behavioral problem disorder (i.e., conduct disorder or oppositional defiant disorder) and a drug-abuse disorder (substance abuse or dependence) according to the structured clinical interview that was administered during this initial call, (c) living with the parent, and (d) not diagnosed with a psychotic disorder or mental retardation. The parent and youth were then scheduled to receive three assessment sessions of about 2 hours duration (sessions were scheduled approximately 1 week apart). Assessment included administration of a comprehensive battery of standardized inventories and structured interviews of the youth's conduct and drug use (see following Measures section for a description of the measures that are relevant to this study). All assessment interviews were conducted by trained doctoral-level students in a clinical psychology program.

### Measures

*The Parent Happiness With Youth Scale.* The Parent Happiness With Youth Scale (see appendix) consists of 11 content items that assess parents' degree of satisfaction with their youth in 11 behavioral domains (communication, friends and activities, curfew, household rules, schoolwork, response to rewards, response to discipline, chores,

alcohol use, drug use, and illegal behavior). For each content item, parents endorse their happiness (satisfaction) with the youth using a scale of 0% to 100% happiness. An additional item assesses the parent's overall happiness (overall satisfaction) with the adolescent using the same scale (0% to 100% happy). Although each item can be treated as a separate index of parental satisfaction, scores on the 11 content items can be quickly averaged to produce a general index of parent satisfaction (total scale). It should be noted that an *other* item, which is not computed as part of the total scale score, is included to measure satisfaction with youth behaviors that are of relevance to the individual parent.

PHYS items were generated from the Parent-Youth Happiness Scale (Besalel & Azrin, 1981). Specifically, six of the eight PYHS items were retained (communication, friends and activities, household rules, school, curfew, and chores), and one item (money) was changed to response to rewards. The response format of the PYHS was also changed from a 6-point Likert scale (0 = *not a problem*, 5 = *very severe problem*) to a continuous ratio scale (0% to 100% happy). The remaining four content items (illegal behavior, drug use, alcohol use, and response to discipline) and a single item of overall happiness were added due to their clinical relevance in working with drug-abusing and conduct-disordered youth in several treatment outcome studies (Azrin et al., 1996; Azrin, Donohue, et al., 1994; Azrin, McMahon, et al., 1994). The appendix shows a sample scale completed by a parent.

Although the PHYS has demonstrated clinical utility and sensitivity to measuring change in treatment outcome studies (Azrin et al., 1996; Azrin, Donohue, et al., 1994; Azrin, McMahon, et al., 1994), evaluation of its psychometric properties has occurred in only one study (Donohue, Van Hasselt, Prizio, Warshal, & Shoenwald, 1996). In this study, an earlier version of the PHYS was administered to a sample of 37 primary caregivers of maltreated adolescents. Internal consistency as determined by Cronbach's (1951) alpha was excellent ( $\alpha = .91$ ), and initial support for the validity of the PHYS was evidenced by significant correlations between the PHYS total scale and relevant measures (i.e., Difficult Child and Parent Child Dysfunction subscales of the Parenting Stress Index-Short Form, Abidin, 1990;

Problem and Intensity scales of the Eyberg Child Behavior Inventory, Eyberg & Ross, 1978; Abuse Scale of the Child Abuse Potential Inventory, Milner, 1986; Conflict and Cohesiveness subscales of the Family Environment Scale, Moos & Moos, 1986).

*Child Behavior Checklist (CBCL) (Achenbach, 1991).* The CBCL is completed by parents to assess their youth's competence in school, social relations, and recreational activities (20 items) and their youth's specific emotional and behavioral problems (118 items). Parents endorse items that indicate problem behavior severity (0 = *not true*, 1 = *somewhat or sometimes true*, and 2 = *very true or often true*). Scores may be derived for three competency scales (school, social relations, and recreational activities) and eight behavioral scales (withdrawn, anxious/depressed, attention, social problems, thought problems, somatic complaints, aggressive, and delinquent). *T*-scores above 70 indicate impairment for the behavioral scales, and *T*-scores below 30 indicate impairment for the competency scales. The CBCL is widely used with parents of adolescents who exhibit behavioral problems (Gabel, Stadler, Bjorn, Shindlecker, & Bowden, 1993), and psychometric properties of this instrument are excellent in adolescent samples (Achenbach, 1991; Achenbach & Edelbrock, 1983).

*Eyberg Child Behavior Inventory (ECBI) (Eyberg & Ross, 1978).* The ECBI is completed by parents to assess the frequency and perceived severity of problem behaviors of children between the ages of 2 and 17 years. For the Intensity Scale, 36 problem behaviors are rated by parents using a 7-point Likert-type scale of frequency (1 = *never*, 7 = *always*). Parents then indicate whether each behavior is a problem (score = 1) or not (score = 0), and a Problem Scale index is computed by totaling these responses. Higher scores indicate greater frequency and severity of youth problem behaviors. Psychometric properties are good in adolescent samples (Eyberg, 1992; Eyberg & Robinson, 1983; Eyberg & Ross, 1978; Kazdin, 1991; Robinson, Eyberg, & Ross, 1980).

*Timeline follow-back interview.* Reports of the youth's frequency of days of illicit drug and alcohol use during the aforementioned

assessment period were obtained from the parent using the timeline follow-back method (Babor, Cooney, & Lauerman, 1987; Ehrman & Robbins, 1994; Sobell, Sobell, Klajner, Pavan, & Basian, 1986). In this method, a calendar of significant events (e.g., birthdays, vacation days, and holidays) is constructed to facilitate the parent's recall of the youth's number of days using illicit drugs and alcohol. Each day of illicit drug use other than alcohol (e.g., stimulants, barbiturates, marijuana, and opiates) was classified as 1 day of drug use. Thus, use of cocaine and Valium on the same day was recorded as 1 day of drug use. A measure of total days using drugs was calculated by adding up each day during the assessment period in which the youth used illicit drugs. Due to no-shows and rescheduling of sessions, periods of assessment were sometimes slightly shorter and more often slightly longer than the scheduled 21 days in which youths were typically assessed. Therefore, each parent's drug frequency report was standardized to a 30-day assessment period by dividing number of days the youth was reported to use drugs by the number of days the parent was assessed and multiplying this figure by 30. This formula yielded a range of drug use frequency from 0 to 30 days. Parent reports of the youth's number of days using alcohol were obtained separately but computed in the same manner as drug use frequency. Thus, two scores were obtained per youth: number of days using illicit drugs and number of days using alcohol. The timeline follow-back method of drug use assessment has been found to correspond closely with official records and reports by substance abusers (Azrin et al., 1996; Azrin, Donohue, et al., 1994; Azrin, McMahon, et al., 1994; Ehrman & Robbins, 1994; Sobell et al., 1986), and test-retest reliability is good (Ehrman & Robbins, 1994; Sobell et al., 1986).

## RESULTS

### Internal Consistency

To evaluate the internal consistency of the PHYS, Cronbach's (1951) alpha statistic, the average interitem correlation, and item-with-total-scale correlations corrected for part-whole redundancy were calculated on PHYS content item severity scores (range = 0 to



100 per item) (Lawrence et al., 1998; Smith & McCarthy, 1995). Cronbach's (1951) alpha was .84, indicating good internal consistency. The average interitem correlation was .35, which fell between the recommended range of .15 to .40 (Clark & Watson, 1995). Corrected for part-whole redundancy, the median item-total correlation was .59, and the mean item-total correlation was .54. Inclusion of all items was supported as no item was below the standard acceptable level of .30 (range = .33 to .75) (Adams, McCarthy, & Kelley, 1995; Smith & McCarthy, 1995).

### **PHYS Means and Standard Deviations**

Table 1 presents the means and standard deviations of parent responses to each of the 11 PHYS content items, the PHYS item representing overall happiness, and the PHYS total scale (mean of the 11 content items). Scores are listed in ascending order of satisfaction (least to most satisfied). As indicated, scores were positively skewed, which was expected given that the PHYS is a measure of parent satisfaction and that these youth evidenced significant problems with their behavior and drug use. Across all domains, parents were less than 45% satisfied with their youth, and they were most dissatisfied with drug use, illegal behavior, and schoolwork. Parents were most satisfied with their youth in the domains of response to rewards, overall happiness, chores, and communication. Observation of standard deviations in comparison to their respective mean scores in Table 1 indicates significant variability within each item, suggesting clinical interpretation of the PHYS is dependent on examination of the parents' content item scores.

### **Effects of Parent Age, Parent Ethnic Minority Status, and Parent Gender on the PHYS**

No studies have investigated the extent to which parent age, ethnic minority status, or gender influence satisfaction with their youth's behavior. Therefore, analyses were computed to determine effects of parent ethnic minority status, parent age, and parent gender on PHYS total scale and overall happiness scores. A  $2 \times 2 \times 2$  (ethnic minority

**TABLE 1**  
**Mean Scores for Parent Happiness With Youth Scale (PHYS)**  
**Content Items, Item of Overall Happiness, and Total Scale**

<i>Scale/Item</i>	M	SD
Drug use	9.8	22.1
Illegal behavior	18.3	32.0
School performance	19.2	28.1
Response to discipline	24.0	25.7
Friends and activities	24.6	24.0
Household rules	30.5	29.3
Alcohol use	31.4	41.0
Curfew	36.0	34.5
Communication	39.4	30.7
Chores	40.2	31.3
Rewards	45.0	31.4
Overall happiness	41.4	27.0
PSYS total scale	28.9	18.9

status: minority, nonminority; parent gender: male, female; age: younger, older) multivariate analysis of variance (MANOVA) was conducted using the PHYS total scale and the overall happiness item as the dependent variables. Age groups were derived based on a median split of 41 years. No significant interaction or main effects were found. Thus, parents endorsed PHYS items similarly across these demographic variables.

#### **Effects of Youth Age, Youth Ethnic Minority Status, and Youth Gender on Parents' Responses to the PHYS**

Studies are also needed that examine the extent to which youth age, ethnic minority status, and gender influence parents' satisfaction with their youth's behavior. Therefore, analyses were computed to determine the effects of youth age, ethnic minority status, and gender on PHYS total scale and overall happiness scores. A  $2 \times 2 \times 2$  (age: at or below median age of 15, above median age of 15; ethnic minority status: minority, nonminority; youth gender: male, female) MANOVA was conducted using the PHYS total scale and the overall happiness item as the dependent variables.

The MANOVA indicated a significant main effect for age (Wilks's lambda = .92),  $F(2, 123) = 11.31, p < .005$ , and a significant Minority Status  $\times$  Gender interaction effect (Wilks's lambda = .95),  $F(2, 123) = 6.44, p < .05$ . For the PHYS total scale, subsequent univariate analyses of variance (ANOVAs) confirmed these results for age,  $F(1, 124) = 11.38, p < .001$ , and Gender  $\times$  Minority,  $F(1, 124) = 6.43, p < .01$ . Univariate ANOVAs were also performed for the item reflecting overall happiness. Again, age,  $F(1, 124) = 6.38, p < .01$ , and Gender  $\times$  Minority,  $F(1, 124) = 3.99, p < .05$ , were both significant. For both dependent variables, parents of younger adolescents were more dissatisfied with their youth than were parents of older youth. Post hoc *t* tests demonstrated that parents of ethnic minority females were more satisfied with their youth than were parents of non-ethnic minority girls and all boys ( $p < .05$ ).

#### **Relationship of Parent Satisfaction and Youth Conduct**

To determine the relationship between parental satisfaction and parent perceptions of their youth's conduct, Pearson product-moment correlation coefficients were calculated between PHYS scores (PHYS total scale, overall happiness item, and each of the PHYS content items) and the following measures: PHYS overall happiness item, the eight behavioral scales of the CBCL, Intensity and Problem scales of the ECBI, and frequency of drug and alcohol use. It was expected that as youth conduct increases in severity of maladjustment, levels of parental satisfaction would decrease. Results of these analyses are presented in Table 2.

As can be seen in Table 2, the items representing overall happiness and the PHYS total scale were both significantly correlated with the Intensity and Problem scales of the ECBI (range of  $r_s = .54$  to  $.65$ ), days using drugs and alcohol (range of  $r_s = .22$  to  $.37$ ), relevant subscales of the CBCL (range of  $r_s = .21$  to  $.48$ ) (all except somatic complaints), and all PHYS content items (range of  $r_s = .18$  to  $.81$ ), suggesting overall parent satisfaction with their youth is related to overall conduct. As expected, PHYS school was most related to

**TABLE 2**  
**Correlational Analyses Involving the Parent Happiness**  
**With Youth Scale (PHYS) and Standardized Criteria Measures**

<i>Criteria Measures</i>	<i>PHYS Total Scale, Overall Satisfaction Item, and 11 Content Items</i>												
	<i>Total Scale</i>	<i>Overall Satisfaction</i>	<i>Communication</i>	<i>Friends/ Activities</i>	<i>Curfew</i>	<i>House Rules</i>	<i>School</i>	<i>Rewards</i>	<i>Discipline</i>	<i>Chores</i>	<i>Alcohol Use</i>	<i>Drug Use</i>	<i>Illegal Behavior</i>
Eyberg Child Behavior Inventory Intensity	-.65****	-.56****	-.63****	-.43****	-.45****	-.65****	-.36****	-.58****	-.56****	-.52****	-.12	-.21*	-.07
Eyberg Child Behavior Inventory Problem	-.62****	-.54****	-.56****	-.39****	-.47****	-.60****	-.32****	-.51****	-.52****	-.47****	-.20*	-.26***	-.04
Child Behavior Checklist Activities	.30***	.30***	.15	.21*	.20*	.34****	.12	.26**	.17	.42**	.15	-.00	.01
Child Behavior Checklist Social	.21*	.25*	.12	.10	.08	.20*	.18	.32****	.08	.19	.00	.06	.13
Child Behavior Checklist School	.30**	.27***	.23*	.22*	.14	.20	.53****	.27**	.21*	.13	-.03	.02	.11
Child Behavior Checklist Withdrawn	-.26*	-.24**	-.31****	-.13	-.16	-.24*	-.29****	-.18	-.29****	-.19*	.04	.02	-.09
Child Behavior Checklist Somatic	.03	.06	-.13	.09	.13	-.03	.05	-.09	-.02	.05	.06	.04	.07
Child Behavior Checklist Anxious	-.23*	-.21*	-.32****	-.18	-.12	-.25**	-.22*	-.18	-.31****	-.19	.05	-.02	.06

Child Behavior Checklist Second Social	-.27***	-.31****	-.37****	-.16	-.06	-.30***	-.27***	-.29***	-.17	-.20*	.14	-.10	-.18
Child Behavior Checklist Thought Problems	-.32****	-.30***	-.23*	-.20*	-.19	-.24**	-.29***	-.24**	-.25**	-.21*	-.12	-.17	-.11
Child Behavior Checklist Attention	-.38****	-.31***	-.39****	-.28***	.28***	-.32****	-.51****	-.24**	-.25**	-.13	.00	-.14	-.15
Child Behavior Checklist Delinquency	-.48****	-.32****	-.32****	-.35****	-.35****	-.37****	-.32****	-.48****	-.32****	-.25*	-.13	-.17	-.29***
Child Behavior Checklist Aggression	-.46****	-.38****	-.45****	-.16	-.28***	-.47****	-.30***	-.53****	-.39****	-.41**	-.04	-.18	-.02
Drug use frequency	-.37****	-.25***	-.27***	-.24**	-.35****	-.28****	-.11	-.29****	-.26***	-.25****	-.19*	-.23**	-.11
Alcohol use frequency	-.26***	-.22*	-.20*	-.16	-.18*	-.19*	-.09	-.17	-.18*	-.20*	-.22**	-.09	-.04
PHYS total scale	—	.73****	.68****	.65****	.74****	.81****	.57****	.67****	.73****	.68****	.46****	.54****	.46****
PHYS overall satisfaction	.73****	—	-.58****	.53****	.58****	.66****	.42****	.54****	.52****	.59****	.18*	.30****	.24**

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .005$ . \*\*\*\* $p < .001$ .

CBCL school ( $r = .53$ ) and CBCL attention problems ( $r = -.51$ ); PHYS response to discipline, response to rewards, chores, curfew, friends and activities, household rules, and communication items were most related to home behavior problems as measured by ECBI Intensity (range of  $r$ s = .43 to .65) and Problem (range of  $r$ s = .39 to .60) scales. Albeit weaker correlations, PHYS illegal behavior was significantly related to CBCL delinquency ( $r = -.29$ ), PHYS drug use was significantly related to frequency of drug use ( $r = -.23$ ), and PHYS alcohol use was significantly related to frequency of alcohol use ( $r = -.22$ ). In addition, the overall happiness item was significantly correlated with the total scale,  $r = .73$ ,  $p < .0001$ . As expected, PHYS items and the total scale were not related to CBCL somatic complaints, a measure that is not reflected in the PHYS, and CBCL scales (with the exception of delinquency) were not related to PHYS measures of illicit activity (alcohol use, drug use, and illegal behavior). Thus, although conduct severity is not a measure of satisfaction, the aforementioned relationships are strongest when satisfaction and conduct are assessed along similar domains (i.e., substance use, overall conduct, and school), which indicates that parents are able to be discriminative in their levels of satisfaction relative to specific areas of their youth's conduct.

Although the number of simple correlation coefficients is relatively high, the observed pattern of results is consistent across the data sets that were analyzed, and most associated  $p$  values are highly reliable ( $p < .005$  and  $p < .001$ ). Thus, the interpretation of findings is supported despite potential problems due to Type 1 error rate (Jacob & Seilhamer, 1985).

## STUDY 2: STABILITY OF PHYS SCORES

### METHOD

To assess stability of the PHYS, a subsample of parents in Study 1 was readministered the PHYS approximately 3 weeks after the first administration to permit computation of test-retest reliability.

## Subjects

The sample consisted of 56 parents. Most parents ( $n = 50$ ) were biological parents (75% biological mothers and 14% biological fathers). Mean age of these caregivers was 42 ( $SD = 5.7$ ), and their average gross family income per year was \$44,159 (range = \$6,000 to \$220,000). Forty-seven (84%) of these parents were female, and 36 (54%) were married/cohabitating. Thirty-four (61%) were referred by community agencies, 3 (5%) were referred by the school, 6 (11%) referrals were initiated by the parent, and 13 (23%) of these youth were court mandated. Regarding their youth, 44 (79%) were male, and their mean age was 15.3 years ( $SD = 1.2$ ). Thirty (68%) were Caucasian, and 26 were of ethnic minority status (4% African American, 23% Hispanic, and 5% mixed ethnic minority status). Forty-five of these youth (80%) had a history of being arrested. The Study 2 subsample was similar to the larger sample on all demographic variables assessed ( $p > .05$ ).

## Procedure

During the second assessment session of the first study, all parents were administered the Parent-Child Assessment Survey (PCAS) (Hodges, Kline, Stern, Cytryn, & McKnew, 1982), and their youth were administered the Substance Abuse and Dependence scales of the Structured Clinical Interview for the *DSM* (SCID) (Spitzer, Williams, Gibbon, & First, 1992). Any parent of a youth who (a) obtained a diagnosis of conduct disorder (or oppositional defiant disorder) and substance abuse (or substance dependence) according to the PCAS and SCID, respectively, and (b) agreed to participate in treatment was readministered the PHYS during the first treatment session to assess the test-retest reliability of this instrument. The first treatment session was scheduled to occur approximately 1 week after the youth and parent attended their last assessment session. Subjects completed the PHYS several minutes prior to this first treatment session, thus test-retest reliability was not influenced by factors associated with treatment. The duration of time between the first and second administration of the PHYS was approximately 3 weeks.

## RESULTS

Using the Pearson product-moment correlation, the 3-week test-retest reliability coefficients were  $r = .71, p < .001$  for the PHYS total scale and  $r = .64, p < .001$  for the overall happiness item; thus, test-retest reliability was adequate.

## DISCUSSION

Results of this study suggest the PHYS is a reliable and valid measure to evaluate satisfaction of parents with their conduct-disordered and drug-abusing youth. Internal consistency of the PHYS was good, and test-retest reliability was adequate. The mean of all PHYS content item scores was correlated with parent reports of overall happiness, lending support to the instrument's construct validity. Moreover, parental satisfaction and youth conduct were most related when the constructs were similar. Parents endorsed PHYS items similarly regardless of their age, ethnic minority status, or gender. However, parents were significantly more satisfied with ethnic minority girls as compared to all boys and non-ethnic minority girls. This is an interesting finding, and although we have no definitive explanations, we have noticed that as compared to Caucasian girls, girls of minority ethnic status in this sample were more polite and far less verbally aggressive with their parents during therapy sessions.

Parents of younger youth were significantly more dissatisfied with their youth than parents of older youth. This is consistent with past studies that indicate parents perceive early adolescence as more stressful than late adolescence and that early adolescence is characterized by increased conflict and decreased positive interactions (Hill, Holmbeck, Marlow, Green, & Lynch, 1985; Montemayor, 1983; Sebald, 1993; Steinberg, 1981). Interestingly, parent responses to the Child Behavior Checklist indicated that younger and older adolescents evidenced similar conduct problems, suggesting parents may become habituated to the behavior problems of their youth with the passage of time. If this were the case, it is possible that parental standards of conduct are compromised with the passage of time. In any



event, parents were most dissatisfied with their youth's use of drugs and illicit behavior, which is expected given that these domains were the reasons for seeking treatment.

Of particular importance, the PHYS appears to have good clinical utility. The instrument requires fewer than 30 seconds to administer as it is simple and its format is easily understood by parents. PHYS content items may be quickly averaged to produce a total scale score that is appropriate to measure subjective satisfaction with behavioral change. These advantages allow the PHYS to be used relatively often (i.e., beginning of each session) to measure progress and guide intervention. Indeed, the single item of overall happiness, although less stable, has already demonstrated significant responsiveness to both supportive and behavioral psychotherapies (Azrin et al., 1996; Azrin, Donohue, et al., 1994; Azrin, McMahon, et al., 1994), with greater relative improvement being indicated subsequent to the behavioral intervention. Observation of content item scores (e.g., communication and curfew) facilitates rapid identification of specific youth problem behaviors that are of relative importance to the parent. Once problem domains are identified, behavioral goals for treatment may be derived by asking the parent what specific behaviors might lead to endorsement of 100% satisfaction in the respective domain. Areas of relative satisfaction may also be assessed at a glance by looking at the right-hand side of the completed PHYS (see appendix), which permits discussion of the youth's preexisting strengths or youth behaviors that have improved during the course of therapy.

It is important to recognize that items pertaining to youth drug use, alcohol use, and illicit behavior are pertinent to all parents, even those who are unaware of such misconduct. For example, parents may be unaware that their youth is using an illicit drug and endorse 100% happiness in PHYS drug use, or a parent may suspect drug use and due to this suspicion indicate relative dissatisfaction with the youth in this domain. Relatedly, parent satisfaction will vary across time as the youth's drug use frequency and type of drug(s) used changes. For instance, a parent may be happy with everyday marijuana use relative to past severity of cocaine use. Thus, as this study has indicated, parental satisfaction is related to perceived severity of youth problem

behavior. However, parents' satisfaction, we believe, is also dependent on factors other than youth behavior per se. We believe measurement and subsequent query of parents' satisfaction provides an opportunity to assess these factors as well as to take steps to remedy these concerns by modifying therapy goals/interventions. Moreover, assessment of satisfaction enables clinicians the opportunity to address unrealistic expectations of parents with their youth. Indeed, unrealistic expectations (demands) and poor satisfaction with behavioral accomplishments may lead to frustration in the youth and parent, which may contribute to exacerbation of undesired behaviors in the youth and parent.

This research represents a unique contribution to the literature on the assessment of parental satisfaction with conduct-disordered and drug-abusing adolescents. However, there is much work to be done with the PHYS and parental satisfaction, in general. Future research should evaluate the psychometric properties of the PHYS in other clinical and nonclinical samples of parents and their adolescent youth. Although initial support for the instrument's validity was provided in this study, further examination of its validity is warranted. In doing so, parent responses to this instrument should be compared with parent responses to established instruments that purportedly measure parental satisfaction with their youth. As far as we know, direct comparisons of youth satisfaction between parents of delinquent/substance-abusing youth and nondelinquent youth have yet to be conducted. It would be interesting to know if standards of conduct for parents of delinquent youth are compromised due to severe misconduct of these youth. Certainly a comparison between the parents in these two groups is warranted as parents of delinquent/substance-abusing youth may have very different standards of conduct than parents of nondelinquent youth. To facilitate this research, we have included a copy of the PHYS in the appendix.

**APPENDIX**  
**PARENT HAPPINESS WITH YOUTH SCALE**

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For each area below, please circle the number that means how happy you are with your child. A 100% means that you are completely happy with your child in that area, and 0% means that you are completely unhappy with your child in that area. Higher numbers mean that you are more happy. It helps to ask yourself: "How happy am I today with my child in this area of our relationship?"

Areas	☹	☺	☺
Communication			
(the way she/he talks to me)	0%	10	20 30 40 50 60 70 80 90 100% happy
My child's friends and things			
she/he does with these friends	0%	10	20 30 40 50 60 70 80 90 100% happy
Curfew (coming home when I want)	0%	10	20 30 40 50 60 70 80 90 100% happy
Following rules around the house	0%	10	20 30 40 50 60 70 80 90 100% happy
My child's schoolwork	0%	10	20 30 40 50 60 70 80 90 100% happy
Reaction to my rewards	0%	10	20 30 40 50 60 70 80 90 100% happy
Reaction to my discipline	0%	10	20 30 40 50 60 70 80 90 100% happy
The way my child does			
household chores	0%	10	20 30 40 50 60 70 80 90 100% happy
My child's use of alcohol	0%	10	20 30 40 50 60 70 80 90 100% happy
My child's use of drugs	0%	10	20 30 40 50 60 70 80 90 100% happy
Things my child does against the law	0%	10	20 30 40 50 60 70 80 90 100% happy
Other (anything else?)_____.	0%	10	20 30 40 50 60 70 80 90 100% happy
Overall happiness with my child	0%	10	20 30 40 50 60 70 80 90 100% happy

**REFERENCES**

- Abidin, R. R. (1990). *Parenting Stress Index: Manual* (Rev. ed.). Charlottesville, VA: Pediatric Psychology Press.
- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 profile*. Burlington: University of Vermont Department of Psychiatry.
- Achenbach, T. M., & Edelbrock, C. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington: University of Vermont Department of Psychiatry.
- Adams, C. D., McCarthy, M., & Kelley, M. L. (1995). Adolescent versions of the home and school situations questionnaires: Initial psychometric properties. *Journal of Clinical Child Psychology, 24*, 377-385.

- Alim, F. (1994). Problems of adolescents' parents. *Indian Journal of Psychometry and Education, 25*, 75-79.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Ammerman, R. T., Loeber, R., Kolko, D. J., & Blackson, T. C. (1994). Parental dissatisfaction with sons in substance abusing families: Relationship to child and parent dysfunction. *Journal of Child and Adolescent Substance Abuse, 3*(4), 23-37.
- Azrin, N. H., Acierno, R., Kogan, E. S., Donohue, B., Besalel, V. A., & McMahon, P. T. (1996). Follow-up results of supportive versus behavioral therapy for illicit drug use. *Behavior Research and Therapy, 34*, 41-46.
- Azrin, N. H., Donohue, B., Besalel, V. A., Kogan, E., & Acierno, R. (1994). Youth drug abuse treatment: A controlled outcome study. *Journal of Child and Adolescent Drug Abuse, 3*, 1-16.
- Azrin, N. H., McMahon, P. T., Donohue, B., Besalel, V. A., Lapinski, K. J., Kogan, E. S., Acierno, R. E., & Galloway, E. (1994). Behavior therapy for drug abuse: A controlled treatment outcome study. *Behaviour Research and Therapy, 33*, 857-866.
- Babor, T. F., Cooney, N. L., & Lauerman, R. J. (1987). The dependence syndrome concept as a psychological theory of relapse behaviour: An empirical evaluation of alcoholic and opiate addicts. *British Journal of Addiction, 82*, 393-405.
- Besalel, V. A., & Azrin, N. H. (1981). The reduction of parent-youth problems by reciprocity counseling. *Behaviour Research and Therapy, 19*, 297-301.
- Bowen, G. L. (1982). Social network and the maternal role satisfaction of formerly married mothers. *Journal of Divorce, 5*, 77-85.
- Capaldi, D. M. (1991). Co-occurrence of conduct problems and depressive symptoms in early adolescent boys: I. Familial factors and general adjustment at grade 6. *Development and Psychopathology, 3*, 277-300.
- Capaldi, D. M. (1992). Co-occurrence of conduct problems and depressive symptoms in early adolescent boys: I. A 2-year follow-up at grade 8. *Development and Psychopathology, 4*, 125-144.
- Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment, 7*, 309-319.
- Conger, J. J., & Peterson, A. C. (1984). *Adolescence and youth: Psychological development in a changing world* (3rd ed.). New York: Harper & Row.
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika, 16*, 297-334.
- Donohue, B., & Azrin, N. H. (in press). Family behavior therapy. In H. Waldron & E. Wagner (Eds.), *Innovations in adolescent substance abuse*. New York: Elsevier North-Holland.
- Donohue, B., Van Hasselt, V. B., Prizio, O., Warshal, S., & Shoenwald, D. (1996, November). Relationship satisfaction among victims and perpetrators of child maltreatment: Is it reciprocal? In J. R. Lutzker (Chair), *Child abuse and neglect: The cutting edge*. Symposium conducted at the Association for the Advancement of Behavior Therapy, New York.
- Ehrman, R. N., & Robbins, S. J. (1994). Reliability and validity of 6-month reports of cocaine and heroin use in a methadone population. *Journal of Consulting and Clinical Psychology, 62*, 843-850.
- Ellis-Schwabe, M., & Thornburg, H. D. (1986). Conflict areas between parents and their adolescents. *Journal of Psychology, 120*, 59-68.
- Eyberg, S. (1992). Parent and teacher behavior inventories for the assessment of conduct problem behaviors in children. In L. Vandecreek, S. Knapp, & T. L. Jackson (Vol. Eds.), *Innovations in clinical practice: A sourcebook* (Vol. 11, pp. 261-270). Sarasota, FL: Professional Resource Press.

- Eyberg, S., & Robinson, E. (1983). Conduct problem behavior: Standardization of a behavioral rating scale with adolescents. *Journal of Clinical Child Psychology, 12*, 347-354.
- Eyberg, S., & Ross, A. W. (1978). Assessment of child behavior problems: The validation of a new inventory. *Journal of Clinical Child Psychology, 7*, 113-116.
- Farber, B., & Jenne, W. C. (1963). Family organization and parent-child communication: Parents and siblings of a retarded child. *Monographs of the Society for Research in Child Development, 28*(7, Serial No. 91).
- Foster, S. (1994). Assessing and treating parent-adolescent conflict. In M. Hersen, R. Eisler, & P. M. Miller (Vol. Eds.), *Progress in behavior modification* (Vol. 29, pp. 53-72). Pacific Grove, CA: Brooks/Cole.
- Frederiksen, L., Jenkins, J. O., & Carr, C. R. (1976). Indirect modification of adolescent drug abuse using contingency contracting. *Journal of Behavior Therapy and Experimental Psychology, 7*, 377-378.
- Gabel, S., Stadler, J., Bjorn, J., Shindlecker, R., & Bowden, C. (1993). Dopamine-beta-hydroxylase in behaviorally disturbed youth: Relationship between teacher and parent ratings. *Biological Psychiatry, 34*, 434-442.
- Ge, X., Conger, R. D., Lorenz, F. O., Elder, G. H., Jr., Monatague, R. B., & Simons, R. L. (1992). Linking family economic hardship to adolescent distress. *Journal of Research on Adolescence, 2*, 351-378.
- Guernsey, B. G., Jr. (1977). *Relationship enhancement: Skill-training program for therapy, problem prevention, and enrichment*. San Francisco: Jossey-Bass.
- Guidubaldi, J., & Cleminshaw, H. (1985). The development of the Cleminshaw-Guidubaldi Parent Satisfaction Scale. *Journal of Clinical Child Psychology, 14*, 293-298.
- Guidubaldi, J., & Cleminshaw, H. (1988). Development and validation of the Cleminshaw-Guidubaldi Parent Satisfaction Scale. In M. J. Fine (Ed.), *The second handbook on parent education: Contemporary perspectives* (pp. 257-275). San Diego, CA: Academic Press.
- Hill, J., Holmbeck, G., Marlow, L., Green, T., & Lynch, M. (1985). Pubertal status and parent-child relations in families of seventh-grade boys. *Journal of Early Adolescence, 5*, 31-44.
- Hill, J. P., & Holmbeck, G. N. (1987). Disagreements about rules in families with seventh-grade boys and girls. *Journal of Youth and Adolescence, 16*, 221-246.
- Hodges, K., Kline, J., Stern, L., Cytryn, L., & McKnew, D. (1982). The development of a child assessment schedule for research and clinical use. *Journal of Abnormal Child Psychiatry, 10*, 173-189.
- Horne, A. M., & Glaser, B. A. (1993). Conduct disorders. In R. T. Ammerman, C. G. Last, & M. Hersen (Eds.), *Handbook of prescriptive treatments for children and adolescents* (pp. 85-101). Boston: Allyn & Bacon.
- Jacob, T., & Seilhamer, R. A. (1985). Adaptation of the Areas of Change Questionnaire for parent-child relationship assessment. *American Journal of Family Therapy, 13*, 28-38.
- James, D. E., Schumm, W. R., Kennedy, C. E., Grigsby, C. C., & Shectman, K. L. (1985). Characteristics of the Kansas Parental Satisfaction Scale among two samples of married parents. *Psychological Reports, 57*, 163-169.
- Kazdin, A. E. (1991). Effectiveness of psychotherapy with children and adolescents. Special Section: Clinical child psychology: Perspectives on child and adolescent therapy. *Journal of Consulting and Clinical Psychology, 59*, 785-798.
- Lawrence, J. W., Heinberg, L. J., Roca, R., Munster, A., Spence, R., & Faurbach, J. A. (1998). Development and validation of the Satisfaction with Appearance Scale: Assessing body image among burn-injured patients. *Psychological Assessment, 10*, 64-70.
- Marini, M. M. (1980). Effects of the number and spacing of children on marital and parental satisfaction. *Demography, 17*, 225-242.

- Milner, J. (1986). *The Child Abuse Potential Inventory: Manual* (2nd ed.). Webster, NC: PSYTEC.
- Montemayor, R. (1983). Parents and adolescents in conflict: All families some of the time and some families most of the time. *Journal of Early Adolescence*, 3, 83-103.
- Moos, R. H., & Moos, B. S. (1986). *Family Environment Scale manual* (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Mouton, P. Y., & Tuma, J. M. (1988). Stress, locus of control, and role satisfaction in clinic and control mothers. *Journal of Clinical Child Psychology*, 17, 217-224.
- Olson, D. H., McCubbin, H. I., Barnes, H., Larsen, A., Muxen, M., & Wilson, M. (1983). *Families: What makes them work*. Beverly Hills, CA: Sage.
- Papini, D. R., & Sebbly, R. A. (1988). Variations in conflictual family issues by adolescent pubertal status, gender, and family member. *Journal of Early Adolescence*, 8, 1-15.
- Rae, W. A. (1992). Common adolescent-parent problems. In C. E. Walker & M. C. Roberts (Eds.), *Handbook of clinical child psychology* (pp. 555-564). New York: John Wiley.
- Robin, A. L., Koepke, T., & Moye, A. (1990). Multidimensional assessment of parent-adolescent relations. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2, 451-459.
- Robinson, E. A., Eyberg, S., & Ross, A. W. (1980). The standardization of an inventory of child conduct problem behaviors. *Journal of Clinical Child Psychology*, 9, 22-28.
- Schumm, W. R., McCollum, E. E., Bugaighis, M. A., Jurich, A. P., & Bollman, S. R. (1986). Characteristics of the Kansas Family Life Satisfaction Scale in a regional sample. *Psychological Reports*, 58, 975-980.
- Sebold, H. (1993). *Adolescence: A social psychological analysis*. Englewood Cliffs, NJ: Prentice Hall.
- Smetana, J. G. (1989). Adolescents' and parents' reasoning about actual family conflict. *Child Development*, 60, 1052-1067.
- Smetana, J. G., Yau, J., Restrepo, A., & Braeges, J. L. (1991). Conflict and adaptation in adolescence: Adolescent-parent conflict. In M. E. Colton & S. E. Gore (Eds.), *Adolescent stress: Causes and consequences* (pp. 43-65). New York: Aldine De Gruyter.
- Smith, G. T., & McCarthy, D. M. (1995). Methodological considerations in the refinement of clinical instruments. *Psychological Assessment*, 7, 300-308.
- Sobell, M. B., Sobell, L. C., Klajner, F., Pavan, D., & Basian, E. (1986). The reliability of the timeline method of assessing normal drinker college students' recent drinking history: Utility for alcohol research. *Addictive Behaviors*, 3, 149-162.
- Spitzer, R. L., Williams, J. B., Gibbon, M., & First, M. B. (1992). The structured clinical interview for the *DSM-III-R* (SCID): I. History, rationale, and description. *Archives of General Psychiatry*, 49, 624-629.
- Steinberg, L. (1981). Transformations in family relations at puberty. *Developmental Psychology*, 17, 833-840.
- Strom, R. D., & Strom, S. K. (1998). *Inventory manual for the Parent Success Indicator*. Bensenville, IL: Scholastic Testing Service.
- Strom, R., Strom, S., Strom, P., & Collingsworth, P. (1994). Parent competence in families with gifted children. *Journal for the Education of the Gifted*, 18, 39-54.
- Sullivan, K., & Sullivan, A. (1980). Adolescent-parent separation. *Developmental Psychology*, 16, 93-99.
- Tarter, R. E., Blackson, T. C., Martin, C. S., Seilhamer, R. A., Pelham, W. E., & Loeber, R. (1993). Mutual dissatisfaction between mother and son in substance-abusing and normal families. *American Journal on Addictions*, 2, 116-125.

- Vangelisti, A. (1992). Older adolescents' perceptions of communication problems with their parents. *Journal of Adolescent Research*, 7, 382-402.
- Webster-Stratton, C., & Dahl, R. W. (1995). Conduct disorder. In M. Hersen & A. T. Ammerman (Eds.), *Advanced abnormal child psychology* (pp. 333-352). Hillsdale, NJ: Lawrence Erlbaum.

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