COURSE OUTLINE

ABAP 135 - PARENTING KNOWLEDGE AND SKILLS

Prepared By: Dr. Stephen F. Ledoux
A. **TITLE:** Parenting Knowledge and Skills

B. **COURSE NUMBER:** ABAP 135

C. **CREDIT HOURS:** 3

D. **WRITING INTENSIVE COURSE:** No

E. **COURSE LENGTH:** 15 weeks face-to-face or asynchronous

F. **SEMESTER(S) OFFERED:** Fall and Spring

G. **HOURS OF LECTURE, LABORATORY, RECITATION, TUTORIAL, ACTIVITY:**
   3 lecture hours per week

H. **CATALOG DESCRIPTION:**

   This course examines the application of the natural science and technology of behavior to improvements both in knowledge of parenting and in child rearing skills. The range of advances in behaviorologically based child rearing practices discovered since the 1950s is covered after reviewing scientifically uninformed practices used earlier. Behavior management–related skills for application in everyday public and personal situations involving children and their caregivers is included.

I. **PRE-REQUISITES/CO-REQUISITES:**
   a. Pre-requisite(s) none
   b. Co-requisite(s): none

J. **GOALS (STUDENT LEARNING OUTCOMES):**
   By the end of this course, the student will be able to:

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<th>Course Objective</th>
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   | a. Identify alternative terminologies, from recognizing student–experienced child rearing practices | 2. Crit. Thinking  
   | | 3. Prof. Competence  
   | | 4. Inter-Intrapersonal Skills |
   | b. Summarize the research, methods, and measurement foundations of the concepts, principles, and advances in scientifically informed child rearing practices | 1. Communication  
   | | 2. Crit. Thinking |
   | c. Recognize long term benefits of scientifically informed practices (e.g., reducing child abuse, enhancing school success, increasing loving relationships) | 1. Communication  
   | | 2. Crit. Thinking  
   | | 3. Prof. Competence |
K. **TEXTS:**

- *The Power of Positive Parenting* by Dr. Glenn Latham
- *Study Questions for Latham’s Power of Positive Parenting* by Dr. Stephen Ledoux
- Supplemented by other books and articles as appropriate.

(See references).

L. **REFERENCES:**


M. **EQUIPMENT:** Smart classroom.

N. **GRADING METHOD:** A-F

O. **MEASUREMENT CRITERIA/METHODS:**

To be determined by the instructor.

Possibilities include but are not limited to:

- assigned homework completion
- research papers
- book reports
- group oral/written reports
- individual oral/written reports
- essays
- class participation
- projects
- journals
- quizzes
- tests
- exams
P. **DETAILED COURSE OUTLINE:**

I. Alternative terminologies, from recognizing student–experienced child rearing practices (repeatedly revisited throughout the course at relevant points).

   A. Authoritarian practices.
   B. Authoritative practices.
   C. Permissive practices.
   D. Dr. Spock.
   E. Other practices.
   F. Parenthood preparation.

II. Research, methods, and measurement foundations of the concepts, principles, and advances in scientifically informed child rearing practices, with age–appropriate considerations.

   A. Principles of behavior repertoire development.
      1. Behavior and the immediate environment.
      2. Consequences and behavior.
      3. Positive consequences preferred.
      4. Changes in behavior over time as fundamental data.
      5. Modeling and imitation.

   B. General rules for child rearing.
      1. Communicate which behaviors get attention.
      2. Ignore inconsequential behaviors.
      3. Selectively reinforce appropriate behaviors.
      4. Stop, then redirect, inappropriate behavior.
      5. Stay close to your children.
         a. Verbal interactions.
         b. Physical interactions.

   C. General control issues.
      1. Prevention.
      2. Endurance.
      3. Diagnosis.
      4. Analysis.
      5. Treatment.

   D. Considerations about consequences.
      1. Must be clearly understood at outset by parents and children.
      2. Must not be punishing to parents.
      3. Must be applied with precision, accuracy, and consistency.
      4. Must be reasonable, applicable, and enforceable.
      5. Parents must think in terms of consequences, not punishment.

   E. Using time to advantage.
      1. Cool off.
2. Think things over.
3. Heal emotional wounds.
5. Consider behavior over time as a function of age.

F. Caregiving skills.
1. Seize opportunities for frequent positive interactions.
2. Establish and communicate expectations clearly.
3. Establish and dispense consequences clearly.
4. Ignore behaviors that do not threaten the basic quality of life, limb, and property.
5. Attend to inappropriate behavior unemotionally, precisely, directly, and instructionally.
6. Avoid questioning non-compliant children about their behavior; avoid asking them to explain their behavior (i.e., don’t ask questions to which you don’t really want answers.)
7. Use the inappropriate behavior of one child as a prompt to attend to the appropriate behavior of other children.
8. Smile and laugh and touch and talk—a lot!
9. Assess behavior analytically and treat it clinically.

G. Other considerations.
1. Monitor children (for opportunities for positive interactions).
2. Let them help you.
3. Establish orderly home routines.
4. Teach self-quieting skills and appropriate types of play.
5. Use time-out correctly.

III. Scientifically informed practices with respect to specific concerns (e.g., self esteem, fussy babies, spanking, sibling rivalry, tantrums, lying, thumb sucking, toilet training).

A. Fussy babies.
1. General fussiness.
2. Bedtime/naptime fussiness.
3. The colicky baby.
4. Tips to cope with crying.

B. Sibling rivalry, with age-appropriate considerations.
1. Ignore inconsequential behavior.
2. Remain calm and composed when intervening.
3. Teach appropriate social skills.
4. Apply consequences.
5. Acknowledge appropriate behavior.

C. Living with teenagers.
1. Proactive responding to reactive adolescent behavior.
2. Keeping self under control.
3. Staying unintimidated.
4. Asking questions.
5. Talking and communicating (not lecturing).

D. Tantrums, with age-appropriate considerations.
   1. Dealing with tantrums that occur in the home.
      a. Pre-tantrum behavior.
      b. Established tantrum behavior.
   2. Dealing with tantrums that occur outside of the home.

E. Thumb sucking, with age-appropriate considerations.
   1. Daytime thumb sucking.
   2. Chronic bedtime (nocturnal) thumb sucking.
   3. Phases.
      a. Boxing glove restraint.
      b. Absorbent cotton restraint.
      c. Finger tip bandage restraint.
      d. No restraint.
      e. Follow-up.

F. Toilet training.
   1. Initial daytime bladder control.
   2. Daytime bladder control for older children.
   3. Nighttime bladder control.
   4. Dry bed training.
   5. Urine retention/Sphincter control exercises.

G. Lying and stealing, with age-appropriate considerations.
   1. What not to do.
      a. Never accuse the child.
      b. Never question the child.
      c. Do not overreact.
   2. What to do.
      a. Respond pro-actively.
      b. Make expectations known.
      c. Implement consequences.
      d. Acknowledge appropriate behavior.
      e. Model appropriate behavior.
      f. Teach appropriate behavior.

H. Other, with age-appropriate considerations.
   1. Questioning children about their behavior.
   2. Dealing with hate and anger.
   4. Refusing to do as told.
   5. Regarding spanking.
   6. Toy issues.
   7. Tattling.
   8. Eating problems.
  10. Television Viewing.
IV. Review of scientifically informed practices through their application in various common settings (e.g., home, store, playground) with age-appropriate considerations.

A. Home.
B. Vehicle.
C. Playground.
D. Shopping.
E. School.
F. Other.

V. Long term benefits of scientifically informed practices (e.g., reducing child abuse, enhancing school success, increasing loving relationships) with age-appropriate considerations.

A. Effects on child abuse rates.
   1. Verbal/emotional abuse.
   2. Physical abuse.

B. Effects on school efforts and success.
   1. Language.
   2. Desire to learn.
   4. Shared aspirations.
   5. Other.

C. Effects on loving relationships.

D. Other beneficial effects.
   1. Substance abuse rates.
   2. School violence rates.

VI. Scientifically consistent recommendations for occasions “when all else fails” with age-appropriate considerations.

A. Accept child as is and go on with life.
B. Strengthen bonds of love and concern.
C. Continue empathy and understanding.
D. Support social institutions that dispense consequences.
   E. Help face responsibility and consequences of behavior.

Q. **LABORATORY OUTLINE:** No laboratory