

**FROM TENDER LOVING CARE TO TRAINING
INTRODUCING GOAL PLANS INTO A
HOSTEL FOR THE MENTALLY HANDICAPPED
JOHN HARRIS**

Social Services, Wyken Community Centre, Coventry, U.K.

In Great Britain in recent years we have witnessed a swing of opinion away from hospital-based care of the mentally handicapped in favour of community care founded on the philosophy of normalisation. The traditional stress of the medical approach on different types of handicap and the use of medication to treat symptoms has been challenged by an educative approach which advocated systematic training to deal with the problems encountered by the mentally handicapped. The development of an educative approach has occurred mainly in hospitals and training centres and in contrast residential social work in the small, minimally-staffed hostel, envisaged in "Better Services for the Mentally Handicapped" (H.M.S.O. 1971), has remained relatively unstructured and reliant on "tender loving care". Yet, the influence wielded by residential social workers on the quality of community care can be great. They can make or break the implementation of case conference recommendations and are crucially placed to develop their residents' self-help and social skills. Unfortunately, the intense involvement demanded by many behavioural training programmes is beyond the resources of the small, minimally-staffed hostel. Clearly, what is needed is a realisable method of practice, which is not so technical that it is dismissed out of hand. As one residential social worker remarked dismissively to me, "you need a Ph.D. in psychology to understand behaviour modification programmes".

What follows is an account of the work of two training officers introducing a "soft" behaviourist approach — goal planning (Houts and Scott) — into the work of staff at a small, minimally-staffed hostel.

The hostel, staff and residents

The hostel is a large house close to the city centre. It caters for 16 residents aged 18 to 61, all of whom have I.Q.'s in the "mild" range. Many of the residents have experienced institutionalisation in traditional long-stay hospitals for periods ranging up to 30 years, with all the consequent impoverishment of their experiences which such institutionalisation entails.

The staff group, covering 24 hours a day, consisted of:—

- 1 Head of Home
- 2 Deputies
- 2 Part-time Residential Social Workers (16 hours each)
- 2 Part-time Domestic staff
- 1 Part-time cook

In the initial discussions the staff group seemed divided, lacking in direction and sceptical about current thinking on the care of the mentally handicapped — "it's all very well in books". Routine in the Home had become ossified. For example, Tuesday night was "chore night", when each resident had to do one chore. The therapeutic value of cleaning out a large industrial-type oven was not questioned. There appeared to be some ad-hoc discussion of specific incidents which had occurred but there was no systematic attempt to undertake training with the residents or to monitor their progress or decline. Staff were unsure about what contribution they could or should make to the care of the residents. They frankly admitted that case conference recommendations were often a mystery to them and that a phrase like "aim for increased social skills by next review" meant nothing to them — it did not tell them what they should actually do. As a result there was no consistent approach to any resident. No assessments were made, no records were kept. In addition staff reported that some of the residents were almost beyond their control, smashing the hostel's windows and damaging the cars of local residents.

Goal planning

The training officers made no attempt to tackle the difficulties which the staff had presented head on. Instead, to begin with, a session was held in which staff were familiarised with the four basic principles involved in goal planning.

Firstly, involving the resident. As far as possible, the resident should participate in planning the goal and at the very least the goal should be explained to the resident. Ideally, the worker is trying to put herself in the resident's shoes and to treat the resident in a way that the worker herself would wish to be treated.

Secondly, the resident's strengths are used in planning goals which will meet her needs. In practical terms this means that a list of strengths has to be made which includes the total resources available to the resident not just the skills which s/he has acquired. Strengths can be highlighted by asking questions like, what can she do?, what does she like doing?, who likes her?, who is willing to help her? Similarly, a list of needs is made which will include areas in which goals may be set. These needs are not stated as problems, but rather are stated positively in terms of what the resident should be achieving. By comparing these two lists, workers should be able to see how strengths can be used to meet needs.

Thirdly, small steps are used to reach goals. Each step should be something which can be achieved in a fortnight at most, and each small step should be mastered before going on to the next stage.

Fourthly, it needs to be stated quite clearly who will do what and when it will be done. The resident needs to be clear about what she will be doing and how she will know when the goal is achieved. The worker primarily responsible for helping the resident to achieve the goal is nominated, a target date has to be set for each step in the goal plan which the worker is attempting to achieve, and all this needs to be spelt out clearly in writing so that other workers can reinforce the goal plan.

EXAMPLES

The training officers and staff devised and implemented goal plans for some residents:

SHEILA

Sheila, aged 45, had been in hospital since she was a child and had been in Rampton for 10 years. Staff saw her as difficult to control, sometimes violent, and reported that she reacted aggressively to anything she perceived as criticism.

Strengths

Likes to be alone with staff.
Washes and dresses herself to an acceptable standard.
Keeps room clean and tidy.
Enjoys reading.
Enjoys attending church on Sundays.
Enjoys outings with staff.
Goes to work regularly.
Shows concern for residents and staff.
Likes jumble sales.
Apologetic for misdemeanours.
Enjoys food.
Enjoys remedial classes.

Needs

To be able to accept advice and criticism.
To be able to listen when other are talking.
To be able to talk quietly.
To be able to tolerate silence in a relationship.
To be able to stay in bed a bit longer, until 6.30 a.m.
To be able to budget money.
To be able to cook.
To be able to do her own washing.

After expressing surprise that Sheila had strengths, the staff group decided that they wished to encourage Sheila to talk more quietly as this would improve relationships all round in the hostel. Sheila's incessant loud talking was the cause of considerable aggravation. Sheila had a booming voice which she considered was the result of trying to attract attention in institutions over many years. The initial goal, set for a fortnight later, was that Sheila would talk quietly from the time she started her sweet at the evening meal until the table was cleared at the conclusion of the meal. She was to talk normally with her mouth empty, and was not to withdraw from the conversation. The reward for achieving this behaviour was to be ten minutes alone in the staff room with a member of staff, during which Sheila would receive the undivided attention of a staff member. It was decided that the staff member Sheila most identified with would be the best person to explain to Sheila what was being considered and that the worker would try and enlist Sheila's co-operation.

In concrete terms, the plan was set out and the action needed to put it into operation was listed as follows:—

- *On Friday, Doreen (staff member) will explain to Sheila the goal plan the staff are considering, and will try and enlist her co-operation in achieving the goal, explaining what the reward will be.
- *When Doreen is on duty she will spend ten minutes alone with Sheila in the staff room if Sheila has met the goal set.
- *Doreen will ask Sheila to make a cup of coffee for the two of them and to bring biscuits to the staff room.
- *Doreen will sit chatting with Sheila for ten minutes, praising her for her previous behaviour and talking about any other matters which Sheila wants to discuss.
- *Sheila will write a "do not disturb" card and will put it on the staff room door each time she is receiving her ten minutes reward.
- *When Doreen is not on duty the plan will be carried out by whoever is on duty, and they will report to Doreen what has happened.
- *Staff's comments will be noted each day in a book set aside for this purpose.
- *Doreen will write a summary each fortnight of the progress made as a basis for the staff groups discussion on setting the next goal.
- *If Sheila does not want to accept the reward, having met the goal, this is quite acceptable.

When Doreen approached Sheila, to Doreen's surprise Sheila agreed wholeheartedly with what the staff were trying to achieve. The staff began by getting Sheila to talk quietly during her sweet and this goal was achieved in a very short time. There was a temporary set-back when Sheila stopped talking altogether! The period of quiet talking was then extended from the start of the meal to the end of the meal, and from there, staff moved on to getting Sheila to talk quietly till bedtime. There was a rapid and marked improvement in Sheila's ability to converse in a more acceptable fashion. There were other spin-offs. Sheila's behaviour generally improved. Her remedial teacher and employer at an industrial enclave rang the hostel without prompting to report improvements.

ERNEST

Ernest, aged 33, had been a patient in hospitals since the age of 8. He was also reported by staff to be aggressive on occasion.

Strengths

Fluent conversation.
 Able to read and write.
 Acceptable standards of behaviour for much of the time.
 Sexually attractive.

Needs

To be able to budget.
 To be able to cook.
 To have an acceptable standard of personal hygiene.
 To have an acceptable standard of tidiness.
 To be able to purchase his own clothing.

After discussion with Ernest, it was decided that the goal would be for Ernest to cook something every lunchtime and that at least one meal each week would include potatoes and vegetables in a traditional meal. The primary reward for five successful days of Monday to Friday would be to go out Friday afternoon to a cafe with a member of staff for a cup of tea and a cake. A subsidiary reward was provided initially by use of a star chart. Ernest was given a blue star for every successful day and a gold star on the fifth day, which represented achieving the trip to the cafe. During the course of the work with Ernest, it was discovered that his mother was taking a great interest in his progress and his mother's praise was substituted for the star chart. The cooking goal plan was successful, and it was decided to move on to a personal hygiene programme.

BARRY

Barry, aged 17, was rejected by his parents. His family have highlighted his mental handicap and have continually let him down, making promises they do not keep. Prior to moving to the hostel he was living in a home for mentally handicapped children.

Strengths

Shows affection and concern for people
Can work the system at the hostel
Good dancer
Good at football
Well behaved at the day centre which he attends

Needs

To be able to talk when he appears depressed
To be able to wipe his bottom
To bath once a week (with soap)
Wear the correct amount of clothes
To wash his clothes

The staff group decided that the initial goal would be for Barry to have a bath once a week. However, highlighting the area of need was easier than thinking of an appropriate reward to reinforce the behaviour. It was eventually decided that because of Barry's keen interest in football, this might serve as a reward, so Barry was to have a game of football accompanied by a member of staff and other residents of Barry's choice. It seemed illogical to bath before the reward, and so it was decided to allow Barry to have the reward first. He would get the game of football and then to have a bath. Following the game of football, staff were to "positively reinforce the bathing in whichever way suited the staff member".

The goal was discussed with Barry and he agreed to take part. On the first occasion he had a game of football with two staff members and another resident. At the end of the game, to encourage Barry to take a bath staff members joked with him that the first one back to the hostel would have the use of the bath. Barry raced back in order to get his bath first, pursued by the other three. Everyone took turns in having a bath, and Barry was impressed that the staff who had played football had also decided to bath. This worked on one further occasion, but later on the reward had to be modified because the reward did not supply sufficient motivation to continue the behaviour. Staff decided that a range of rewards would be offered, including swimming trips and games of football, in order to sustain Barry's motivation.

RESULTS

Having ensured that adequate mechanisms were introduced for the fortnightly review of existing goal plans and the implementation of new goal plans for other residents, the training officers withdrew.

The staff who had applied the principles of goal planning to their work with residents considered that the positive benefits of goal planning far outweighed the negative features. In discussions held three months and one year later they saw a number of advantages and spin-offs which they had gained from this way of working.

Firstly, the staff discovered that even with "problematic" residents it is possible to enhance skill attainments by taking small steps at a time. Even apparently "hopeless" residents have room for increasing their skills, however small the step may be. Staff are given increased enthusiasm for this way of working because of the success that emerges from previously "unhelpable" residents.

Secondly, the resident benefits from having constructive personal attention rather than intervention to settle disputes, arguments and so on or perhaps more static containment.

Thirdly, because of the necessity for staff to contribute to the review of goal plans, communication is improved between workers. All staff members comments are included and valued, which results in an increase in the staff's self-esteem and moves them towards a consistent approach to individual residents.

Fourthly, goal planning offers a method of work which directly related to day to day practice without the need for excessive jargon or workers with numerous formal qualifications. It shows that residential social work with the mentally handicapped need not be an uphill task with vague attempts to improve the resident's future life, based on half-hearted attempts to implement high-faluting case conference decisions. Rather, the principles of goal planning are practical, easy to understand and administer and they produce an end product for a given amount of effort which directly benefits the resident.

Fifthly, simple but regular systems of recording were introduced because of the staff interest in the progress made by residents. This recording then enabled staff to contribute reports to case conferences based on their work with residents. They no longer felt "the poor relations".

DISCUSSION

Although the staff's implementation of goal planning in a residential establishment was encouraging some areas needed careful consideration:

- *For residents who displayed many needs it was sometimes difficult to remember that staff were only attempting to improve one small pocket of behaviour at a time. On occasions, success in one area was temporarily overlooked because of deficiencies still apparent elsewhere. To overcome this problem, it was necessary to constantly reiterate the goals the staff and residents were trying to achieve and to largely ignore other needs in the short term.
- *Some of the rewards which were initially talked about in the staff group were sometimes not acceptable to all staff members. For instance, not all staff members were satisfied that rewards which required strenuous physical effort were in keeping with their own needs as staff members!
- *It was necessary to remember that even after lengthy joint discussions, the resident's views were paramount, and their involvement in constructing their own programme was crucial to its success.
- *Concise accurate recording is required.
- *An agreed limited amount of time needs to be spent on each resident during the initial discussion stage, and later at the fortnightly reviews, otherwise a great deal of irrelevant material is introduced without reaching any conclusions.
- *Someone needs to retain some distance from the group, to structure the discussion and to enforce the time limits. This group of staff used a rotating chair person to cope with this.
- *Constant review of the goal plans is necessary, as is any modification to the reward.

Despite these considerations, goal planning is a method which benefits both staff and residents: after a fairly short time the staff in this particular hostel had a record of what their residents were able to do and a record of what they had achieved as workers. After a year

staff reported that their orientation to their work had changed. They now regarded difficult behaviour, (for example, their initial preoccupation with residents aggressive behaviour,) and lack of skills, not as automatic consequences of being mentally handicapped but as problems in learning which are amenable to change if the background environment and responses of staff members are carefully structured.

And, what about the residents, one year later? Sheila deteriorated after three months of acceptable behaviour following the end of her programme. Doreen, the staff member, discussed her behaviour with her and Sheila improved again, rejecting Doreen's offer to renew the reward. Ernest continues to cook and staff are now working on other plans for attaining self-help skills. Barry's progress is less consistent. Finding an adequate reward to motivate him is still a problem. Another resident has progressed to full independence and has moved into a bed-sitter.

To conclude, just two qualities are needed on the part of the staff. Firstly, the ability to see strengths in problematic situations. Whenever a resident is showing problem behaviour s/he is also likely to be showing positive behaviour or to have abilities that could be developed. Secondly, staff need to be able to express needs positively. It is extremely helpful to be able to express problems in terms of a need for the resident to learn something positive rather than in terms of the need to stop a resident doing something. Problem behaviour can disappear if enough positive behaviour is substituted for it.

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