

## II. REFLECTIVE GROUP COUNSELLING FOR PARENTS OF MENTALLY RETARDED CHILDREN

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In recent years, parent training studies have shown that parents can be effective behaviour change agents for their own children (Berkowitz & Graziano, 1972; Cone & Sloop, 1971; Forehand, 1977; Graziano, 1977; Johnson & Katz, 1973; O'Dell, 1974; Pawlicki, 1970; Reisinger, Ora & Frangia, 1976; Tavormina, 1974; Wells & Forehand, 1981). Most studies have focussed on the training of individual couples for a wide range of child behaviour problems, using an even wider range of treatment procedures. Only a few studies have used group methods for parent training. In a recent review of behavioural studies, Hornby and Singh (Note 1), found some evidence for the efficacy of group methods in parent training. However, many of the studies included in their review defied scientific interpretation due to serious methodological flaws in the design of the studies.

Another technique for training parents has been through group counselling programmes (Auerbach, 1961; Murphy, Pueschel & Schneider, 1973; Myers & Warkany, 1977, Nurse, 1972; Sternlicht & Sullivan, 1974; Wilson, 1971). In an early review of the literature on group counselling Ramsay (1967) could locate only a few studies which had attempted an objective evaluation of their procedures.

The aim of the present review is to provide an analysis of group counselling studies with parents of mentally retarded children which included an objective evaluation of programme effectiveness. Furthermore, the focus will be only on those studies which used mainly a reflective or client-centred counselling approach.

The reflective approach is one in which emphasis is placed on feelings. The major goal is one of promoting awareness, understanding and acceptance of the parents' feelings. This is thought to improve parent-child interaction patterns and thereby influence the child's behaviour (Ginot, 1965). The key aspects of this method are: the creation of a climate of trust in which parents feel safe to express their concerns and feelings, small group discussion being used as the medium, the agenda being determined by the parents themselves, and the content of the discussions focussing on the sharing of parents' problems, concerns and feelings.

### SCOPE OF REVIEW

Studies were included in the review if: (a) the approach could be categorised as reflective, (b) the subjects were parents of mentally retarded children, (c) an objective evaluation of the effectiveness of the counselling programme was attempted, and (d) adequate information was provided in order to ensure that the above criteria were met.

Eight studies were located in the published literature which met our criteria for inclusion (Appell, Williams & Fishell, 1964; Bitter, 1963; Cummings & Stock, 1962; Lewis, 1972; Massenzio, 1977; Siegel, 1972; Siegel, Sheridan & Sheridan, 1971; Tavormina, 1975). Two of the studies (Siegel, 1972; Tavormina, 1975) also included comparison groups which received different treatments. These were reported where relevant but the data considered are mainly from the reflective counselling groups.

### AN ANALYSIS OF EXPERIMENTAL STUDIES

#### Recruitment

In the majority of studies, parents were recruited through the special class, school, day-care centre or other facility which their mentally retarded child attended. In three of the studies, recruitment was by letter of invitation (Lewis, 1972; Siegel *et al.*, 1971; Tavormina,

1975). Attendance was voluntary and not all parents who had been invited actually attended. However, in one study it was reported that the child's enrolment at the day-care centre was dependent on the mother's attendance at the group sessions (Appell *et al.*, 1964).

### **Parents**

In all except two studies, group membership consisted exclusively of mothers. In these studies, one author reported subjects to be 11 mothers and 5 fathers (Bitter, 1963) and the other simply as 62 parents (Lewis, 1972). For the three studies which supplied such information (Appell *et al.*, 1964; Bitter, 1963; Tavormina, 1975), the average age of parents was approximately 39 years with the average parent having completed high school.

### **Children**

In all studies, the subjects' children were mentally retarded. The degree of retardation of the children was mostly moderate or severe. The ages of the children ranged from 1 to 20 years with an average of approximately 11 years.

### **Group Size**

All except one study reported information sufficient to determine the number of parents per group (Siegel, 1972). Groups ranged in size from 6 to 11 with the average group consisting of 8 parents.

### **Number, length and frequency of sessions**

The number of sessions ranged from 7 to 60 with a mean of 15 and a median of 10. The length of sessions was generally one and a half hours, but in 2 studies it was 2 hours (Bitter, 1963; Massenzio, 1977). Sessions were held weekly; in one study they were held monthly (Bitter, 1963).

### **Goals**

The main goal of the intervention in these studies was to change the parents' attitudes towards child rearing in general and to their mentally retarded child in particular. Other stated goals were: to improve their self-concept, to change parents' feelings, to reduce parental anxiety, to improve the child's behaviour and, to increase parents' knowledge of mental retardation.

### **Leaders**

In the four studies in which details were provided, one leader was employed with each group of parents. In one study, the group leaders were reported to be graduate students in clinical psychology who had previously led therapy groups but had no experience with parents of mentally retarded persons (Tavormina, 1975). In another study, the leaders were the children's class teachers who had no experience of leading groups but were reported to have carried out extensive reading on the subject (Bitter, 1963). In a third study, the leader was reported to be a doctoral-level counselling student (Siegel, 1972) and in a fourth, a female therapist (Siegel *et al.*, 1971).

### **Content**

In most studies the content of the sessions was reported to be the expression and exploration of parents' feelings, concerns, problems, or attitudes, with the parents themselves determining the agenda or topics for discussion.

### **Counselling Methods**

In all of the studies, open, unstructured discussion was reported to be the main procedure employed. Other procedures reportedly used were: provision of a safe climate, reflection and interpretation, lectures, answering parent's questions and, communication of empathy, acceptance and understanding.

### **Experimental Design**

Five of the eight studies used pre- and post-test experimental designs with no treatment control groups (Cummings & Stock, 1962; Lewis, 1972; Siegel, 1972 *et al.*, 1971; Tavormina, 1975). Two of these also employed comparison groups which received different treatments, (Siegel, 1972; Tavormina, 1975). Three studies employed pre- and post-test designs without the use of control groups (Appell *et al.*, 1964; Bitter, 1963; Massenzio, 1977).

### **Measures**

The number of measures employed ranged from one to six with an average of three per study. In six studies, one or more attitude scales were used to measure the attitudes of parents towards child rearing or towards their retarded child (Appell *et al.*, 1964; Bitter, 1963; Cummings & Stock, 1962; Lewis, 1972; Massenzio, 1977; Tavormina, 1975). Three authors employed post-programme questionnaires in order to gauge the parents own evaluations of the counselling (Lewis, 1972; Massenzio, 1977; Tavormina, 1975). Another three administered tests to assess parents' knowledge of mental retardation (Bitter, 1963; Lewis, 1972; Siegel, 1972). Other measures employed were: parents' ratings of their children's behaviour, anxiety and adjustment scales, a loneliness scale, observation of the group process and, clinic observations of mother-child interactions.

### **Attendance**

Sufficient information was provided in two studies (Bitter, 1963; Cummings & Stock, 1962) to determine the average overall attendance at the sessions and this was calculated to be 91% and 57% respectively. No information on the attendance of parents was reported in the other studies.

### **Outcome**

All authors reported positive outcomes. The six studies which employed attitude scales (Appell *et al.*, 1964; Bitter, 1963; Cummings & Stock, 1962; Lewis, 1972; Massenzio, 1977; Tavormina, 1975), all noted improvements in parents' attitudes and in four of the studies (Appell *et al.*, 1964; Bitter, 1963; Lewis 1972; Tavormina 1975) some of the changes were found to be statistically significant. Of the three studies which employed a test of parents' knowledge on mental retardation, one found a significant improvement (Lewis, 1972), another found no change (Siegel, 1972) and, the third found a significant decrease in parents' scores (Bitter, 1963). All three authors who employed a post-programme questionnaire (Lewis, 1972; Massenzio, 1977; Tavormina, 1975) reported that mothers had found the counselling beneficial. One of the studies which employed mothers' ratings of their children's behaviour reported a significant improvement (Siegel *et al.*, 1971) while the other did not (Tavormina, 1975). The studies in which anxiety, adjustment and loneliness scales were employed noted improvements which were not significant (Massenzio, 1977; Siegel, 1972). The author who carried out observations of the group process did not report any data on this (Bitter, 1963). The study in which clinic observations of mother-child interactions were carried out reported a significant improvement (Tavormina, 1975).

Both studies which employed comparison groups (Siegel, 1972; Tavormina, 1975) found that in some areas the reflective group was less effective than the comparison group. Siegel (1972) reported that, although there was no significant difference between groups, the lecture-discussion group improved more on the adjustment scale and knowledge of mental retardation test whereas the reflective group improved more on the anxiety scale. Tavormina (1975) reported that the behavioural groups improved significantly more than the reflective groups on one scale of the attitude survey, mother-child interactions, mothers' ratings of target behaviour and on the post-programme questionnaire. However, on the first two of these measures the reflective groups also improved significantly relative to the controls.

## DISCUSSION

Taken as a whole, the results of the reflective group counselling studies lend support to the conclusion that parents of mentally retarded persons changed their attitudes and were better able to manage their children as a direct consequence of participation in these groups. However, there are some important qualifications with respect to this conclusion which need to be considered.

The data analysed in this review are derived from only a small number of, often poorly controlled, studies. Conclusions based on the outcome of these studies must necessarily be considered tentative.

Several areas of weakness were identified in this research. These can be divided into two major categories: experimental sophistication and inadequate information being provided in the published studies.

When considered as a group, these studies suffer from a lack of experimental sophistication. Five studies used a basic pre- and post-test control group design which can be considered adequate in terms of experimental rigor (Cummings & Stock, 1962; Lewis, 1972; Siegel, 1972; Siegel *et al.*, 1971; Tavormina, 1975). However, other studies used only a pre- and post-test design without a control group (Appell *et al.*, 1964; Bitter, 1963; Massenzio, 1977). This design cannot be considered sufficiently robust to rule out rival hypotheses about the causal effects of the observed changes following the group counselling sessions (Campbell & Stanley, 1963). Another problem with all the studies was that none reported the inclusion of a long-term follow-up as a part of their design, a condition necessary for the evaluation of maintenance of observed changes.

All the studies suffered from a monotonous lack of information regarded as vital not only for replication purposes but also for a valid interpretation of the findings of the original studies. A common problem was the inadequate taxonomic description of the client population, both parents and their children. Such information is necessary before the findings of any study can be generalized to other populations. Information on organizational variables could have been more detailed. For example, inadequate information on recruitment procedures, the number of parents in each group, and the number, length and frequency of the counselling sessions was provided in most studies.

A major shortcoming in most studies was the limited information given about the leaders. With the exception of two studies (Bitter, 1963; Tavormina, 1975), no details were provided regarding the leaders' training and experience in leading groups with parents of retarded persons. Furthermore, in the two studies in which some details regarding leaders were provided, it appears that this was their first experience of group leadership. The need for leaders of such groups to be particularly skilled and experienced, both with parents of retarded children and with the techniques of group leadership, has been well argued elsewhere (Mandelbaum, 1967; Sternlicht & Sullivan, 1974). If the leaders employed in the two studies are typical of those used in the others, then it is possible that the potential effectiveness of the reflective approach may well have been less than fully realized due to the inexperience of the leaders.

Reflective group counselling is most effective when two leaders are present, one to guide the discussion and the other to pay attention to the expression and exploration of parents' concerns and feelings (Sternlicht & Sullivan, 1974). Of the studies under review, four used only one leader with each group of parents. It is suggested that counselling may be less effective if only one leader is present.

Another deficiency was the sparse amount of information on the methods employed by leaders during the counselling sessions. Details of the techniques which leaders used and how the sessions were structured with regard to time are necessary if inferences as to the effectiveness of the counselling are to be made, or replications carried out. Only two of the

studies met the minimum criteria which would be necessary for replications to be feasible (Bitter, 1963; Tavormina, 1975). Another negative feature of the studies is the limited amount of information provided on the content of the counselling sessions. Although most authors reported that counselling consisted mainly of the exploration of parents' feelings, problems, concerns or attitudes, only Cumming & Stock (1962) supplied information on what some of these were.

In several studies the goals of the intervention were not explicitly detailed or were stated in a very general way. For example, in six studies one goal was that of changing parents' attitudes towards either child rearing in general, or their retarded child in particular (Appell *et al.*, 1964; Bitter, 1963; Cummings & Stock, 1962; Lewis, 1972; Massenzio, 1977; Tavormina, 1975). However, only one of the authors specified the attitudes which she intended to change and gave some indication of the attitudes she expected parents to exhibit following counselling (Massenzio, 1977). Unless the goals are made explicit and specific it is difficult to determine the objectives of the intervention and to estimate to what extent it was successful in meeting these objectives.

More than one evaluation measure was used in most studies in recognition of the fact that several changes could occur following counselling. However, only one study employed a range of measures sufficient to encompass most of the changes which could be expected (Tavormina, 1975). The importance of multiple assessments of treatment outcomes in such studies has been well argued elsewhere (Atkeson & Forehand, 1978; Forehand & Atkeson, 1977). The lack of sufficient range of measures used is therefore an important omission which could lead to false inferences being drawn from the results of the studies.

All studies reported favourable outcomes as a direct consequence of the reflective group counselling. However, only two studies which employed adequate experimental designs reported statistically significant improvements in the parents' attitudes. In one of these studies the attitude change was found to be significant for only two of the three experimental groups (Lewis, 1972). In the other, significant improvement in attitudes was reported for only one of five subscales of the measure used (Tavormina, 1975). Some significant changes were noted in the other studies as well. Lewis (1972) noted an increase in scores on a test of parents' knowledge of mental retardation. Siegel *et al.* (1971) found that the mothers' ratings of their children's behaviour had improved and Tavormina (1975) found an improvement in mother-child interactions. However, neither the Siegel (1972) nor the Tavormina (1975) study, demonstrated the superiority of the reflective approach over comparison groups.

## SUMMARY

Studies of reflective group counselling with parents of mentally retarded children were reviewed with a special emphasis on methodology. Few studies used objective measures to evaluate the efficacy of reflective counselling. In general, most studies lacked methodological rigor. Sufficient details of programme organization and content of group counselling sessions were not supplied, and the measures used to evaluate the outcome of counselling were generally inadequate. It was concluded that the claims of efficacy for reflective group counselling must be accepted with caution.

### Reference Note

1. HORNBY, G., & SINGH, N. N. (1981) *Group training for parents of mentally retarded children: A review and methodological analysis of behavioural studies*. Submitted for publication.

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