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EDITORIAL

Recent years have seen an avalanche of reports on various forms of behaviour modification treatments derived from Skinner's approach and this issue of the BJMS contains a number of articles dealing with well-known problem areas in our field which had not been dissolved successfully in the past. Readers will have to judge whether these new treatments have resulted in long term improvements which would indicate the desirability of continuing and intensifying this work. It will be noticed that these treatments require much organised manpower and skillful determined direction and that these factors are applied to only a fraction of admittedly hard-core cases. What about other treatments and management practices which aim to bring about improvements in the majority of severely handicapped people? Are there any lessons to be learnt from the behavioural approach which could be applied in general?

At present we have arrived at a stage of our professional work where we are about to settle in a state of extreme complacency, because we believe to have grasped the requirements of the majority of intellectually impaired people. It appears after all to be only a matter of time, of financial resources, of training a sufficient number of qualified people, etc. before intellectually impaired people are settled in their own home or in group-homes situated in the open community where they will have opportunities for living a better and more normal life than in the past.

No doubt, these changes will mean a vast improvement in the quality of life for them and will, automatically, result for many of them in making better use of their potential if given the right opportunities. On the other hand it would be a gross case of self-deception if one were to think that a generous supply of residential accommodation in the community and ample work in sheltered conditions will be instrumental in guaranteeing the reduction of handicaps to an appreciable extent. There seems to be a widespread disregard of the fact that we are dealing with people who have an intellectual impairment and that fair and humane arrangements do not lessen the consequences of this impairment. There are many weaknesses in their development which need direct help because they will not disappear by manipulating the indirect influences of environment.

Many professionals, responsible for the creation of new growth conditions for the handicapped, have therefore augmented the daily routine by arranging for his participation at evening classes or at other further education activities. No doubt, these experiences are valuable, as are all experiences of normal life, and intellectually impaired people acquire thereby a modicum of 3R knowledge or a certain competence in manual activities. Does this approach deal with their real difficulties in coming to terms with their ordinary life?

Other professional people, specially on the continent of Europe, realizing that further education classes scarcely pay attention to the consequences of living as an intellectually impaired person, arrange for a sequence of special therapies. A session with the physio-therapist is followed by one with the speech therapist, group-therapy is augmented with individual counselling, there are music therapists, play therapists, motopäden, Diplom-Motologen, remedial gymnasts and remedial teachers, art therapy and dance therapy. We

can thank the scarcity of financial resources and qualified manpower that the full horror of spending one's day by being passed from one therapy to the other has not been implemented generally yet though many supervisors, realizing that industrial therapy has become a misleading deception, feel that a substantial reinforcement by other therapies would re-establish the credibility of habilitative efforts.

There is a strong inclination to assess the efficacy of one's work by counting the number of people attending different classes or therapies, but not by ascertaining whether short term goals have been set and achieved. The very number and variety of professional helpers, all pursuing their different aims, interfere with the attainment of agreed goals to which everyone ought to contribute on the basis of a worked out operational plan. Our work, the assistance we give the handicapped person needs far more disciplined thinking and actions than we are applying at present so that we can strive towards passing vital milestones in the personal growth of the impaired person and remove systematically environmental obstacles interfering with this work.

Behaviour modification techniques provide good examples of a careful sizing up of selected problems and applying consistently a possible treatment solution. Similarly, other methods of habilitation must learn to agree on goals to be reached by cooperative efforts, on means to be used, on monitoring progress and on the paramount importance of working towards the specified goal rather than many different goals. This type of firm, goal directed work aimed at the growth of an individual person may mean sacrificing the tidiness of a carefully worked out timetable, repercussions on industrial contracts, reducing or even omitting periods set aside for treasured activities such as pony riding and swimming, because this all-out effort is not just another therapy to be added on to other "subjects" in the curriculum.

It is disciplined work if one tries conscientiously to deal with one problem aspect at a time by tackling it from different directions, it is undisciplined work if different problems are tackled by different people at the same time. The principle must be maintained that the essential problem determines the habilitation approach to be chosen and not that problems of varying severity are collected to permit a particular habilitative measure to be carried out.

Stating the major problem to be attacked, devising a procedure for solving it and concentrating efforts on carrying out the necessary measures, are not the only aspects which could be transferred from behavioural modification techniques applied to a few, to developmental work with many. There is no justification for excluding either the home or the workshop from actively participating in the task of reducing handicaps. The assumption that the home — i.e. the group home, the hostel, — serves only leisure time and the feeding, cleaning and sleeping necessities, and that the workshop must imitate the "real work-situation" must be replaced by a concept that these areas should be integrated to serve carefully stated goals from their different angles. There is no reason why, for example, language development could not be furthered at home and in the workshop, as long as a unified approach co-ordinates the various members of staff to follow a prescribed path.

Dealing with a problem in the situation where it is encountered is, of course, nowadays greatly facilitated by having more favourable and less regimented environments at one's disposal. Referring to "home" or to "workshop" should not indicate that different problems are tackled with the assistance of differently orientated staff, but should suggest that common problems are tackled by different means with the help of staff working to an agreed plan. Thus the homely environment is used to reinforce the practice of a particular skill which is being taught in the workshop — not necessarily a workshop skill — and both places are fully aware of each others aims and limitations.

Behaviour modification principles suggest that other habilitation methods would gain considerably in effectiveness by employing a more disciplined approach which, whilst using many opportunities of normal education and special therapies will not hesitate to abandon eye-catching and fashionable exponents of techniques which do not serve agreed goals and use up precious time without making the necessary impact.