

A GROUP INDIVIDUAL METHOD OF TRAINING PARENTS FOR TEACHING SELF-HELP SKILLS TO THEIR MENTALLY HANDICAPPED CHILDREN

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INTRODUCTION

The purpose of the study was to evaluate the impact of a group individual behaviour modification training programme for parents with a severely to moderately mentally handicapped child. More specifically, it evaluated the ability of the parents to acquire the skills and proficiency required to improve the self-help skills of their m.h. children. Self-help skills were chosen as this is an area of parental concern and often frustration because of the m.h. child's prolonged dependency on the parents in the area of toilet training, dressing and undressing.

The rationale for the study was that even with the expansion of services in the community, in most cases the brunt of the care, education and physical well-being of the child falls on the parents. Yet as a group, parents have often been neglected in terms of services available to them, and in terms of their potential for greater responsibility in treatment and educational programming. (Adams, 1969).

Although there are books available on the use of behaviour modification techniques in the teaching of self-help skills (Baldwin, Fredericks & Brodsky, 1973; Watson, 1973), there is very little evaluative research that has investigated the efficacy of these programmes with parents. (Heifetz, 1977). Thus the first hypothesis of the study was that children taught using this method would improve in the specific self-help skills taught as compared to self-help skills not taught.

In addition, the study attempted to assess the long-term impact of the training programme on the behaviour of the parents and their m.h. children. A criticism often levelled at the use of behaviour modification techniques is that once the contingent reinforcement is removed, the behaviour change achieved disappears. It was hypothesized that a group individual training programme for the parents would have a lasting impact on the behaviours learnt.

METHOD

Subjects

The subjects for the study were 23 parents (5 fathers and 18 mothers) and their severely to moderately mentally handicapped children. The average age of the children was 7.3 years, with a range of 6.5 to 8. The children attended schools that served severely to moderately mentally handicapped children. They were all dependent because of a lack of one or another self-help skill.

The parents were of average socioeconomic level with at least 8 years of schooling, and were all proficient in Hebrew reading and writing. Their average age was 35, with a range of 30-40. The parents were included on a voluntary basis, and were divided into three groups for the purpose of the training course and subsequent follow-up supervision. They were divided into these groups first to obtain an optimal size group for training purposes, and, second, to provide a comparison of the efficacy of the training programme over time. There were seven parents in the first two groups and nine in the third group.

Instruments

A self-help skill assessment checklist developed by Watson (1973) was used as the dependent outcome measure to assess the impact of the training course with parents. The checklist consists of 14 self-help skills: eating, drinking alone, undressing, dressing (trousers, pullover, shirt, socks, shoes), and washing and drying oneself. Each skill is broken down into a series of behavioural steps. The rater assesses the quality and frequency of the performance of each step on separate 5-point rating scales. The product of these ratings provides the proficiency level for that particular step in the behavioural chain comprising that skill. According to Watson (1973), the scale was found to be reliable although no reliability coefficients were provided.

Instructional Materials

Instructional materials were prepared for use in teaching the parents the principles and techniques of behaviour modification. The materials were prepared by the investigators and were based on previous work carried out on the subject (Katz, Shaham & Kenig, 1977) and Watson's (1973) handbook. These materials consisted of:

1. Fourteen behaviour modification programmes based on the principle of learning by successive approximation. The programmes provided the parents with the steps required for teaching the individual child the 14 self-help skills. Each programme was divided into sections, one describing the required behaviour of the parent and the other the appropriate behaviour required for the child.
2. Lectures on the subject of behaviour modification, and videotapes and movies depicting the salient features of behaviour modification techniques.

PROCEDURE

The study was carried out in two stages that were staggered over time for each of the three groups. In the first stage, the parents participated in a 30-hour intensive group training course in behaviour modification technology. The main focus of the course was on how to use the 14 training programmes in the day-to-day routine in the home. During the first period, the children were assessed by the parents with the help of the experimenter on three separate occasions: these assessments constituted the baseline measures for each subject.

On completion of the training course and baseline evaluations, the second stage was initiated, in which the parents began working on the training programmes with their children. During this stage, an additional three evaluations were obtained for each child. Each parent decided on which skill to teach first, and their work was supervised by the experimenter over a period of 4 months. The supervision took the form of observation of the parents at work, advice, critique of methods, support, and encouragement. The average frequency of contact with the parents was once a week. When the first group had begun working with the children at home, the parents in the second group underwent the training programme and so on for the third group.

After the three-groups had completed the two stages, the 30-hour intensive group training, and the individualized supervision stage at home, contact with and supervision of all parents was terminated, and the parents were instructed to continue working on their own with the children. Before terminating contact with the parents, the children were assessed once again on the self-help assessment checklist. The parents worked without supervision for an average period of about 4 months, whereupon the children were evaluated again on the self-help assessment checklist. Thus each child had 8 evaluations, 3 baseline

evaluations, while the parents were undergoing the training programme; 4 evaluations during the training period with the child, and one evaluation after the follow-up period.

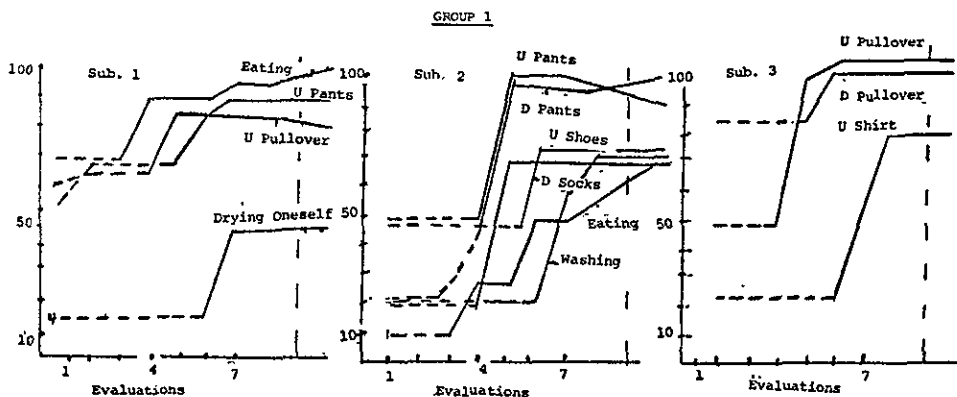
Research Design

A multiple baseline (Kazdin and Bootzin, 1975) for a number-of-behaviours-per-subject research design was used. After the baseline measures were obtained, the training procedures were initiated for one skill; after minimal improvement had been made and based on the rating scale; training was initiated for the second skill, and so on. Causality is demonstrated if the skills improve successively at the point at which the training procedures were initiated. This design was repeated for each child in each group separately.

RESULTS

The results for each group of parents and children are presented graphically. Each graph represents the child's progress in the skills taught by the parent, and is divided into three periods: (a) baseline, before initiation of training period; (b) training period, and (c) follow-up.

were initiated. The improvement for the six subjects is consistent for all the skills and shows *First Group (N=7)*: As can be seen from the graphs in Figure one, six out of seven subjects showed consistent improvement of the skills at the point at which treatment procedures



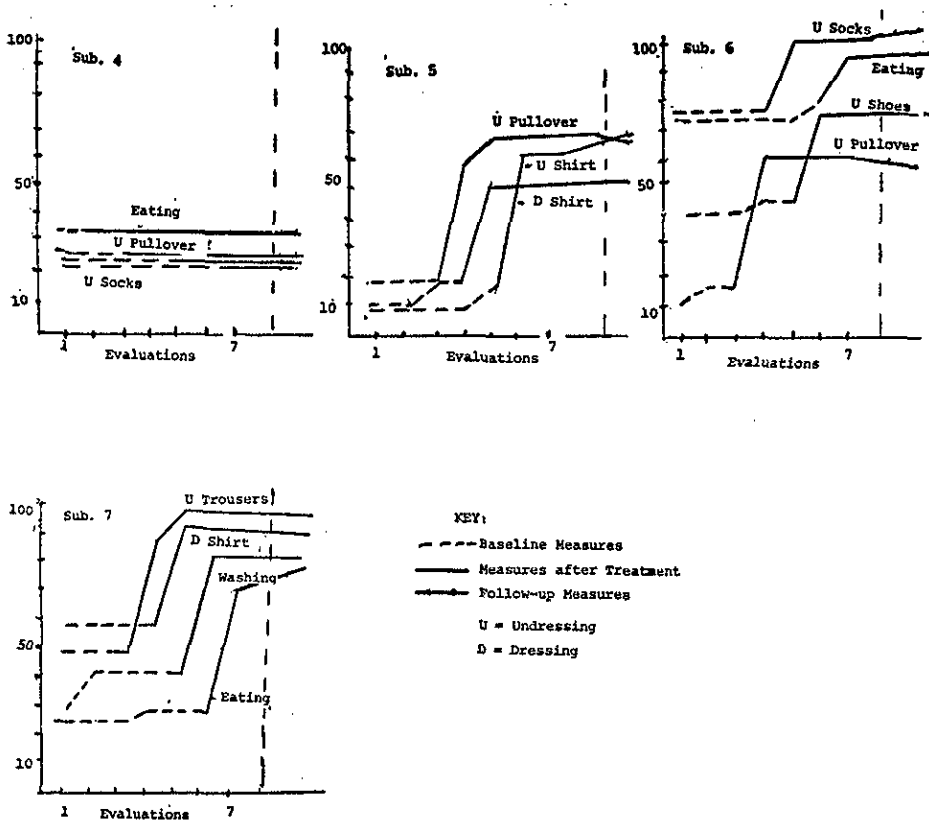


Fig. 1. Each Subject's Performance on Self-Help Skills. Group One.

a similar pattern of acceleration with the initiation of the training programme irrespective of the skills taught. Subject number 4 showed no improvement in spite of intensive efforts. This child was diagnosed prior to initiation of the training programme as exhibiting autistic behaviour and neither the experimenter nor the parents were able to establish eye contact with him. Four months after the experimenter ceased supervision of the parents and visits to the home, the children were evaluated again on the scale. The data indicated that the children had maintained the behaviours learnt and there was no significant decrease in the use of the behaviour.

Second Group (N=7): In this group seven subjects showed consistent improvement of the skills at the point at which the treatment procedures were initiated. Here, too, there is a consistent pattern of acceleration with the initiation of the training programme irrespective of the skills taught. The follow-up data indicated that the children had maintained the behaviours learnt.

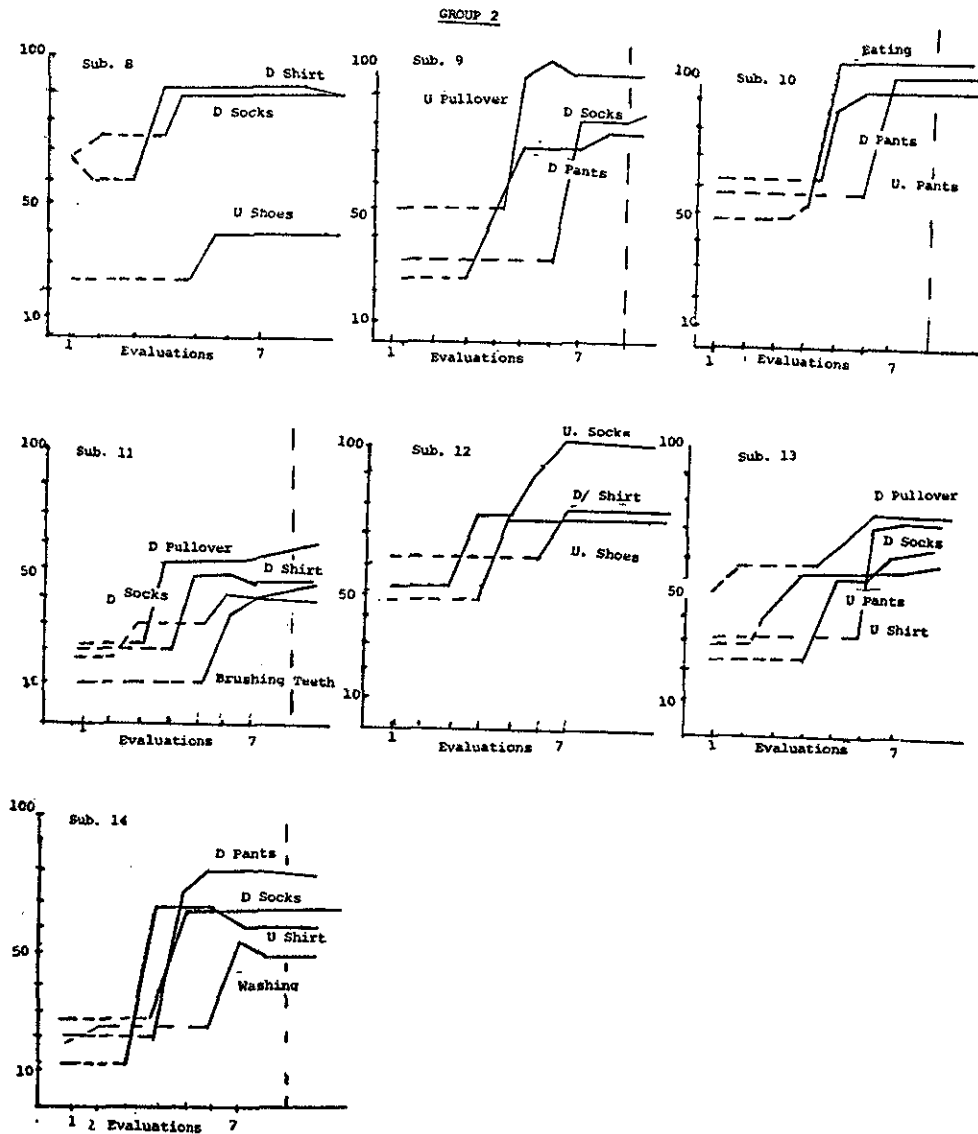


Fig. 2. Each Subject's Performance on Self-Help Skills. Group Two.

Third Group (N=9): In this group eight subjects demonstrated a similar consistent pattern of acceleration on the initiation of the training programme irrespective of the skills taught. As was found in group one, one child showed no improvement and here, too, the child is described as displaying autistic behaviour. The follow-up data was also similar to the data found for the other two groups in that the children maintained the behaviours learnt.

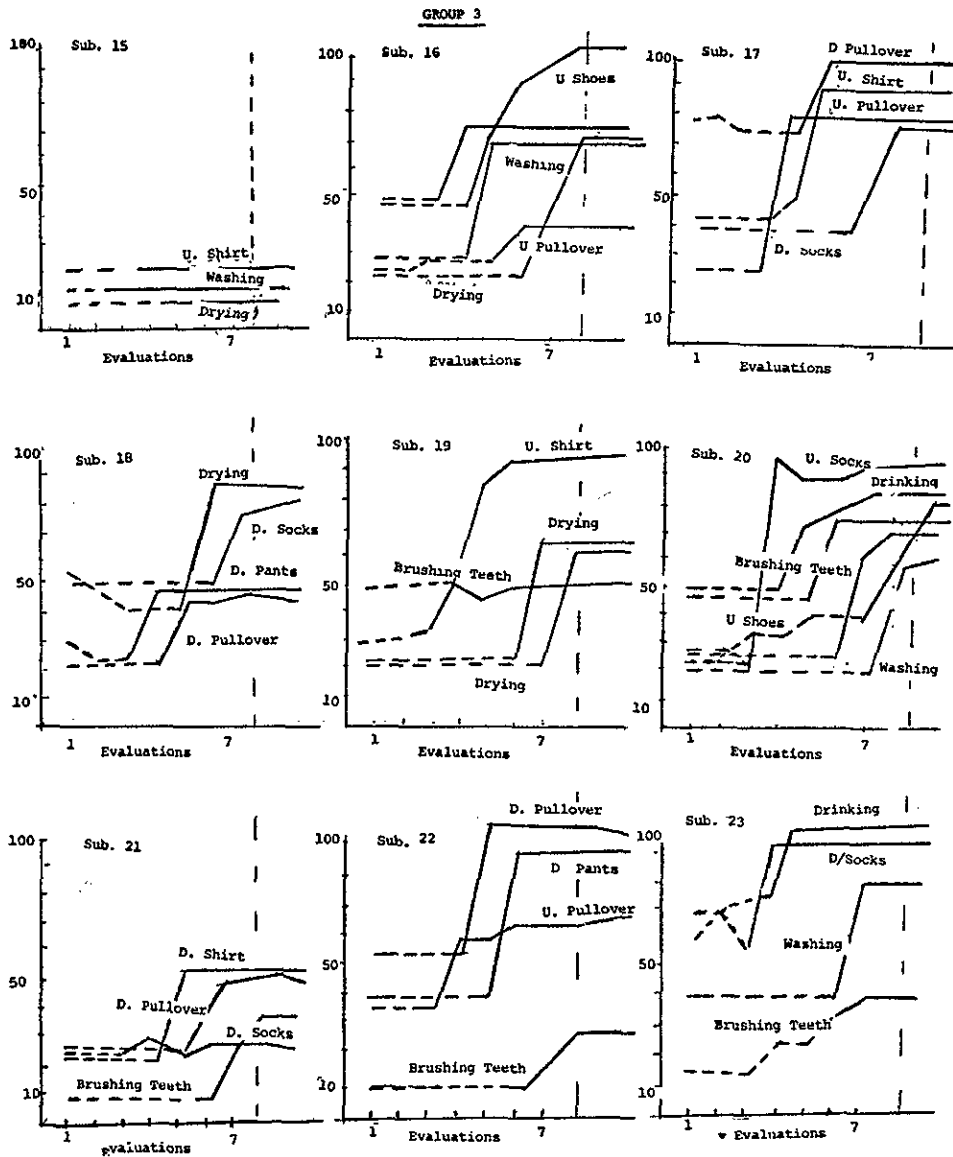


Fig. 3. Each Subject's Performance on Self-Help Skills. Group Three.

DISCUSSION

The results appear to support the hypothesis that parents can be taught to effectively use behaviour modification techniques with their severely to moderately handicapped children. These findings have important implications for the field of mental handicap, since it is generally accepted today that the existing number of professionals is inadequate to care for the present mentally handicapped population, and there is little chance that this situation will improve in the future (Guernsey, 1969). Parent training programmes and systematic self-supporting teaching materials that can reduce the need for professional involvement may be a solution to this problem.

Observation of the use of the technique with the parents raised a number of issues. There appears to be a direct relationship between parental motivation and improvement in their children. Parents also need reinforcement for their efforts, and often the child's progress is not sufficient to serve as the only incentive. There is a need to build some form of incentive for the parents in the programme, whether by contingent professional supervision and consultation or by some form of tangible reinforcers (Baker, 1977).

With the mastering of the technique, parents generalized the skills to behaviours besides self-help skills. The techniques of reinforcement learned in the training programme were used to change other undesirable behaviour. With some parents, the skills required and the subsequent change in the child's behaviour produced changes in the relationship between parents and child. In cases where there had been overprotectiveness or a fostering of dependency, these behaviours were eliminated. This change and the subsequent consequences were especially noticeable with subjects 5 and 9. The parents had fostered dependent behaviour that resulted in the child's mastering very few self-help skills. On initiation of the training programme, there was an immediate rapid acceleration in the self-help score and a marked reduction in dependency on the parents.

Not all the parents succeeded and two subjects, number 4, group 1 and subject number 15, group 3, who exhibited autistic behaviour, did not learn any new skills. Although successful use of behaviour modification techniques in teaching self-help skills to autistic children have been reported in the literature (Haruhiko, 1977; Marshal, 1966), no progress was made with these two children. A possible explanation for this is that with children with autistic behaviour, more experience with behaviour modification and a wider repertoire of techniques are required in order to effect change. Often in teaching children with autistic behaviour, inappropriate behaviours have to first be eliminated before new behaviours can be elicited. Perhaps the parents who underwent a relatively short training course aimed at teaching specific self-help skills did not acquire sufficient skills required to deal with children with autistic behaviour. Thus, there is a need to evaluate the different family and individual parent and child variables in order to ascertain and to provide the parents with the most appropriate individualized training programme and follow-up schedule.

The follow-up data indicated that once the new skills are acquired by the children they become a stable part of the behaviour repertoire of the child and continue to be used in daily activities. The criticism often levelled at behaviour modification techniques, that once the tangible reinforcers are removed the children tend to forget the new behaviour learnt, was not substantiated in this study.

The utility of behaviour modification techniques with nonprofessionals, together with the significance of parents in the socialization and educational process of the child, suggests a possible additional service delivery system. The provision of new programmes and the expansion and improvement of existing programmes for parents of mentally handicapped children can be a rewarding challenge for professionals.

SUMMARY

Twenty-three parents underwent a group training programme followed by individual supervision aimed at teaching them how to teach self-help skills to their mentally handicapped children using behaviour modification techniques. Twenty-one of the children acquired new self-help skills as a result of being taught by their parents, and these skills remained even after the tangible reinforcers were removed. The study demonstrated that parents can be taught to effectively use behaviour modification techniques with their mentally handicapped children.

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