

GROUP PARENT TRAINING USING REFLECTIVE COUNSELLING AND BEHAVIOURAL TRAINING PROCEDURES

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Introduction

Parents of mentally handicapped children are widely acknowledged to benefit from counselling and guidance (Hornby, 1991; Seligman, 1991). Counselling is considered to facilitate parents' adaptation to their handicapped children and guidance is considered to assist them to cope with the learning and behavioural difficulties exhibited by their children. Professionals have attempted to meet these parents' needs through the provision of individual counselling (Stewart, 1986; Webster, 1977), group counselling (Seligman, 1990), individual parent training (Barna *et al.*, 1980) and group parent training (Hornby and Singh, 1984).

In group training with other parents of mentally handicapped children it is often easier for a parent to reveal problems and concerns than in individual counselling sessions. According to Kroth (1985) the sharing of problems and feelings with others in a similar situation decreases parents' feelings of isolation. The group also provides models for, and the opportunity to practice, the expres-

sion of feelings and the ability to listen empathically to others. Parents experience mutual support from group members which increases their self-confidence and makes them more responsive to changing their attitudes and learning new skills. In a group parents are exposed to a wider range of learning and management problems, and procedures used to deal with them, than they would experience in individual parent training. In addition, the group is a source of ideas for potential reinforcers and of motivation for parents to implement suggested treatment programmes (Seligman, 1990).

Group work with parents of mentally handicapped children has generally employed approaches similar to those used with other groups of parents, that is, either reflective or behavioural training approaches (Tavormina, 1974). The reflective approach focuses on the parents' emotional needs. Parents are encouraged to express and resolve their feelings towards their children and improve the parent-child relationship. In contrast, the behavioural approach focuses on teaching parents more effective ways of

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handling their children's behavioural and learning difficulties through using behaviour management techniques.

Reviews of studies with parents of mentally handicapped children suggest that both reflective and behavioural approaches have proved beneficial (Hornby and Singh, 1982; 1983). In a study which compared the effectiveness of the two approaches with such parents, Tavormina (1975) reported positive outcomes for both reflective and behavioural training groups and suggested that a combination of both approaches may provide the most useful format. Subsequent studies with parents of mentally handicapped children have reported positive outcomes when aspects of the two approaches have been combined (Attwood, 1977, 1979; Tavormina *et al.*, 1976). However, these studies did not experimentally evaluate the effectiveness of the combined approach.

The present study extends previous research by evaluating the effectiveness of a parent training programme which included reflective counselling and behavioural training procedures. A pre and post test research design with a no-treatment control group was employed. Effects of training were assessed using a battery of measures.

Method

Subjects

Subjects were 30 parents (24 mothers and 6 fathers) of mentally handicapped children attending one of two special schools in Auckland, New Zealand. The parents' ages ranged from 27 to

54 years, with a mean of 40 years. The length of formal education (including primary and secondary schooling) which they had undertaken ranged from 10 to 18 years, with a mean of 12 years. The children's ages ranged from 5 to 18 years with a mean of 10.6 years. Their IQ scores (on the Stanford-Binet Scale) ranged from 30 to 55 with a mean of 40. All children lived at home with their parents.

Subjects were recruited by means of newsletters sent home by the school headteachers. Each school had a roll of approximately 50 children at the time of the study. Twenty-three parents of children attending one school and 20 parents of children attending another school responded, expressing an interest in attending a parent training programme. The final sample of 30 parents consisted of the 17 parents from the first school and the 13 parents from the second school who completed all of the measures used at both pre and post assessments.

Procedure

All subjects were mailed copies of three questionnaires (Behaviour Checklist, Vignette Test and Hereford Parent Attitude Survey) together with a stamped addressed envelope approximately one month before the parent training programme began. Parents from one special school were assigned to the treatment group with parents from the other special school assigned to a waiting-list control group. A statistical comparison of the treatment and control groups indicated that there were no significant differences between the two

groups with regard to parents' ages, length of education or their children's ages and IQs.

The treatment group parents then received a series of eight, weekly, two-hour, group training sessions, held in the evening at the special school concerned. During the course of the sessions, existing services continued as before. That is, the children continued with their day-to-day school programme and with any medication they were taking. Also, parents continued to draw on other professional services as they saw fit. No home visits were made by either the group leaders or the staff of the special school, apart from those which would have been made in the normal functioning of the school.

At the end of the eighth session the treatment group parents were given copies of the Behaviour Checklist, Vignette Test, Hereford Parent Attitude Survey and a Post-Programme Questionnaire to complete and return by mail. Separate envelopes were used for the Post-Programme Questionnaires so that they could be returned anonymously. Control group parents were mailed copies of the Behaviour Checklist, Vignette Test and Hereford Parent Attitude Survey along with stamped addressed envelopes for their return. At the completion of the study parents in the control group were offered the opportunity of attending a similar parent training programme.

Measures

A range of outcome measures were employed. These were selected to assess

the changes expected to occur following a programme including aspects of both reflective counselling and behavioural training.

Knowledge of behavioural principles. The Vignette Test was designed to measure parents' knowledge of behavioural principles. The instrument used was adapted from that developed by Heifetz (1977) in order to be more suitable for parents of school-aged mentally handicapped children. The Vignette Test provides a measure of parents' ability to apply behavioural principles and techniques to written problems involving mentally handicapped children. The 20, five-option, multi-choice questions cover a range of behavioural principles and techniques, including: positive reinforcement, punishment, shaping, extinction, time-out, satiation, overcorrection and stimulus control.

Behaviour change. A behavioural checklist was developed specifically for this study in order to measure parents' perceptions of their mentally handicapped children's behaviour in the following areas: problem behaviours, learning difficulties and difficult situations. Thirty-four items are rated on a three point scale: no problem, slight problem or serious problem.

Attitude change. The Hereford Parent Attitude Survey (Hereford, 1963) was used to measure changes in attitude to child rearing. It consists of 77 items which are rated on a five point scale from strongly agree to strongly disagree. The five subscales are considered to measure confidence, acceptance, causation, mutual understanding and mutual trust. The

overall score is reported to provide a measure of parents' attitudes toward child rearing in general.

Parents' own evaluation. A post-programme questionnaire was included to provide a measure of parents' evaluation of the programme in meeting their needs. A modified version of the questionnaire developed by Patterson and Reid (1973) was used. The questionnaire consisted of six open-ended questions and three multi-choice questions.

Attendance. A check of parents' attendance was made at the end of each session.

The Training Programme

The parent training programme consisted of a series of eight, two-hour group sessions held weekly. The content of the sessions was a combination of a lecture and discussion format (see Hornby and Murray, 1983). Brief lectures were used to teach parents behavioural principles and techniques. Small group discussions were used to encourage parents to express concerns regarding their mentally handicapped children and to teach them the application of behavioural techniques to specific problems which their children presented.

The content of the brief lectures included techniques to increase appropriate behaviour such as positive reinforcement, modelling, shaping, stimulus control, Premack's principle, *negative reinforcement and contingency contracting*. Also included were techniques to decrease inappropriate behaviour such as extinction, time out,

punishment, overcorrection, satiation and differential reinforcement.

The small group discussions involved approximately ten parents, a leader, a co-leader and two teachers from the special school concerned. The approach used by leaders to guide the discussions involved a combination of reflective and behavioural techniques. Reflective techniques were employed to facilitate open discussion of parents' problems, concerns and feelings. Behavioural techniques were used to teach parents to apply behavioural principles to the specific management problems and learning difficulties which their children presented. The reflective techniques included reflection, universalising, linking, self-disclosure, summarising and structuring. The behavioural techniques included problem specification, task setting, feedback, role-playing and homework assignments on behavioural observations and modification (see Hornby and Murray, 1983, for further elaboration of these techniques).

Leaders

The group counselling sessions were led by two educational psychologists. Both had completed masters level courses in counselling, behaviour analysis and atypical children, and had previous experience in leading groups with parents of mentally handicapped children. In addition, two other educational psychologists attended most sessions. When present, they acted as co-leaders when parents were divided into small groups for discussion. The co-leaders concerned themselves with the

TABLE I
Results on the Questionnaire Measures

MEASURES (Mean Scores)	TREATMENT GROUP (n = 17)			CONTROL GROUP (n = 13)		
	Pre-test	Post-test	t	Pre-test	Post-test	t
Hereford Parent Attitude Survey	36.94	44.23	2.01	28.36	38.38	1.77
Behaviour Checklist	49.58	46.64	1.91	46.76	48.53	0.68
Vignette Test	10.23	12.41	3.22*	10.00	9.92	0.20

* p < 0.01

group dynamics and parents' non-verbal behaviour. They brought to the leaders attention any points which were missed or parents who wanted to express something but had been overlooked. The co-leaders met with the leaders once a week and discussed issues arising from the previous session and planned for the next session.

On average, four teachers from the special school attended each session. During small-group discussions they were able to contribute from their knowledge of the children's behaviour at school. In addition, they were responsible for follow-up activities at the completion of the training programme. In the month before the parent training programme began, the leaders conducted three one-hour sessions with all the teachers during which they explained the rationale and objectives of the programme and the format of the training sessions.

Results

TABLE I presents the results from the Hereford Parent Attitude Survey, Behaviour Checklist and the Vignette Test. On the Hereford Parent Attitude Survey, the change in overall score of the treatment group between pre-training and post-training was not statistically significant. On the behaviour checklist, there was a decrease between pre-training and post-training in the overall mean score of the treatment group, but this was not statistically significant. However, there was a statistically significant increase in the Vignette Test scores of the treatment group from pre-training to post-training. No significant changes were found, between pre-training and post-training, in the scores of the control group parents on all three measures.

Parents' responses on the post-programme questionnaire showed that

91 percent considered the training programme to be helpful, 54 percent considered their children's behaviour had improved, and 63 percent reported feeling more able to cope with their children as a consequence of attending the programme.

Several common themes emerged from the parents' responses to the open-ended questions on the post-programme questionnaire. A majority (83%) made statements related to the beneficial effects of being in the group, 75 percent stated that they had found it helpful to talk with other parents who had similar problems and concerns, and 42 percent reported that they appreciated the opportunity to express their feelings and discuss their problems. A small number (33%) also appreciated the empathic understanding from the other parents. The mean overall attendance at the training programme was 78 percent.

Discussion

The results showed that following the parent training programme treatment group parents had significantly increased their scores on the Vignette Test indicating that they had improved in their ability to apply behavioural principles to written problems involving mentally handicapped children. There had been no change on this measure for control group parents. An analysis of results on the Behaviour Checklist and Hereford Parent Attitude Survey indicated that there were no significant changes on these measures for either treatment or control group parents.

Within the constraints of the present study, it was not possible to assess whether parents had actually used their newly-acquired knowledge of behavioural principles in their home environment, or whether their children's behaviour had actually improved. In order to investigate these changes it would be necessary to conduct a series of home observations before, during and after implementing a parent training programme. Such observations would need to be repeated at regular intervals following the parent training programme to assess maintenance of changed parent and child behaviour. Ideally, future research should incorporate such procedures.

With regard to consumer satisfaction, a majority of parents rated the programme highly and found it of value in caring for their mentally handicapped child. In addition, the attendance rate for the programme compared favourably with that obtained in other studies (e.g., Attwood, 1979). This suggests that parents had found the programme to be useful enough to keep attending.

It is interesting that, while 54% of parents reported, on the post-programme questionnaire, that their children's behaviour had improved, the overall decrease in scores on the behaviour checklist was not statistically significant. There are two possible explanations for this apparently contradictory finding. First, that although the children's behaviour had not changed, parents' perceptions of this had changed. Perhaps parents had become more tolerant or less concerned about certain behaviours. The second possible

explanation is that the behaviour checklist was not sufficiently sensitive to changes in the children's behaviour. It is therefore suggested that future studies should focus on specific behaviours of concern to parents rather than the general measure of problem behaviours which was used in this study.

The fact that there was no change in parents' attitudes is perhaps not surprising given that the intervention was carried out over a period of only eight weeks. However, it is considered that a greater likelihood of detecting changes in parents' attitudes would be achieved in future studies through the use of an attitude scale which focused more specifically on parents' attitudes to their handicapped children such as that devised by Judson and Burden (1980).

Finally, it is suggested that this project should be considered to be a pilot study which demonstrates the feasibility of combining reflective counselling and behavioural training procedures within a group programme to meet some of the needs of parents with mentally handicapped children. This approach appears to provide professionals with the framework of a group parent programme which could usefully complement existing services providing individual counselling or parent training. The findings of this study suggest that further research and development of such parent programmes is justified.

Summary

Seventeen parents of mentally handicapped children participated in an

eight-week parent training programme designed to teach them behavioural principles in order to change the behaviour of their children. A pre and post test control group research design was used to evaluate the outcome of the programme which involved a combination of reflective and behavioural procedures. Assessment batteries were administered prior to and at completion of the programme. Results indicate that the parents improved their knowledge of behavioural principles but did not perceive any improvement in their children's behaviour or change their attitudes to child rearing. Responses to the post-programme questionnaire indicated that a majority of the parents considered the programme to have been helpful. Areas for further research and implications for practitioners are discussed.

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