

Behaviour modification with children in the natural environment

**Training parents and
teachers as therapists.**

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traditionally

Traditionally, when children were seen by their parents or teachers as exhibiting "problem" behaviors (e.g. tantrums, disobedience, stealing, reading difficulties, social withdrawal, incontinence) they were brought to the notice of a professional (often a psychologist) who proceeded to carry out "therapy" in a clinic or hospital. The child was seen as primarily the person with whom one should work, and the clinic as the setting where therapy should take place. Even in those cases where some form of "family therapy" was undertaken (Pool and Frazier, 1973), the emphasis remained on seeing the child in a clinical setting and rarely it seems was the parent or teacher taught specific behavior change skills (Berkowitz and Graziano, 1972).

Reasonable

It seems reasonable to say that a child's behavior is usually defined as a problem by the same person who seeks professional help for that child (Johnson, Wahler, Martin and Johansson, 1973). In many cases, that person is also the one who interacts with the child to produce the problem behavior (Patterson and Reid, 1970; Wahler, 1976). The environmental setting for this interaction is usually the home or school. As an example, consider a boy who is defined by his mother as behaving disobediently when she asks him to do a chore. The behavior occurs in the home and is only displayed when the boy and his mother interact in a certain way — she may ask him to wash the dishes while he is in the middle of watching a TV program and he either ignores her or perhaps walks out of the house. She sees his behavior as disobedient because he

does not do what she wants him to do. He and his mother have interacted in at least three ways for his behavior to be called disobedient: i) she has asked him to do something, ii) he has refused or ignored her, and iii) she has found his response aversive.

Difficulties inherent

In considering this example, it becomes clear that there were difficulties inherent in the traditional approach to therapy. It would be more appropriate to attempt behavior change in the environment where the problem manifests itself rather than in a clinical setting, and it may be ultimately more efficient and effective to train the parent or teacher involved in the interaction to be the therapist, rather than for the professional to attempt therapy directly. A psychologist in a clinic is not the person who daily interacts with the child to help create and maintain problem behaviors, and he is not in the setting where those behaviors occur (thus presenting a problem of how insights and skills learned in the clinic will transfer across to the home or school environment). Furthermore, if the psychologist can train parents and teachers in groups to effectively bring about a worthwhile change in the child's behavior by altering the ways in which they and the child interact, then the psychologist will have the time to assist a greater number of clients than if he continues with the traditional individual approach.

In summary, it is suggested that when children are defined by their parents or teachers as exhibiting

the approach of choice . . .

problem behaviors, the approach of choice is to train these people to effect a desired change in the child's behavior by altering the interaction between them, in the environment where the behaviors occur. This implies that the parent or teacher needs to accept responsibility for the part they play in creating and/or maintaining the undesirable behaviors, and hopefully it implies that the child takes an active and informed part in any program that is set up (Clement, 1974; Peterson, 1976).

Recent years

In recent years there has been a rapid increase in the number and complexity of studies which have attempted to train parents and teachers as therapists (Berkowitz and Graziano, 1972; Cone and Sloop, 1974; Griffin and Hudson, 1978; Johnson and Katz, 1973; O'Dell, 1974; Reisinger, Ora and Frangia, 1976). Beginning with individual case studies (e.g. Allen and Harris, 1966; Williams, 1959), often without controls, reliable data or follow-up, research in the area has moved towards greater methodological sophistication (see Gelfand and Hartman, 1968; Johnson and Bolstad, 1973), the use of group training methods (Kingsley and Shapiro, 1977; Rinn, Vernon and Wise, 1975; Rose, 1974; Sadler, Seyden, Howe and Kaminsky, 1976), relatively complex and structured training programs (e.g. Patterson, 1974; Walder, Cohen, Breiter, Warman, Orme-Johnson and Pavey, 1972), and some attempts to determine the specific factors contributing to a good training procedure (Eyberg and Johnson, 1974; Glowgower and Sloop, 1976; Nay, 1975). This paper is specific-

ly concerned with the use of behavior modification principles in such programs, but it should be remembered that other models of therapy or training can (and have) been employed within the general framework of using change agents in the natural environment (Anchor and Thomason, 1977; Ginsberg, 1976; Tavormina, 1974, 1975).

Although a lot of group work has been attempted in recent years, especially with parents, individual training programs still appear in the literature with considerable frequency (e.g. Arnold, Sturgis and Forehand, 1977; Pomerantz, Peterson, Marholin and Stern, 1977; Wulbert and Dries, 1977). Individual and group programs may be supplemented by laboratory training (e.g. Bernal, Duryee, Pruett and Burns, 1968; Doherty, 1975; Forehand, Cheney and Yoder, 1974; Walder, Cohen, Breiter, Daston, Hirsch and Leibowitz, 1969), where parents or teachers can be taught specifically how to act with a particular child by the psychologist observing their interaction through a one-way screen and cueing the parent on what to do from moment to moment. The psychologist can talk directly to the adult, who listens via an instrument much like a hearing aid, without the child's knowledge. ("Praise the child now", "ignore her now", "walk away", etc). Alternatively, the psychologist may signal instructions to the adult by means of different-coloured lights, or a buzzer code. Perhaps laboratory training can be regarded as a type of individual training, where the psychologist devises a training program or teaches specific behavior modifica-

tion skills to a single parent or teacher. In group programs, several adults are trained at once, usually over a number of sessions. The program cannot so readily be geared to the specific requirements of each parent or teacher, so usually a standard training procedure is used which aims to teach a range of basic principles and techniques. Each person can then select those skills which are applicable to his or her individual child, allowing various problems to be tackled in a number of different environments. Thus, one parent may select from the total training program the techniques required to decrease tantrum behavior in a four-year-old at home, while another parent in the program may tackle a reading problem in a thirteen-year-old both at home and through the school. A third parent may want to do something about her seven-year-old girl who is afraid to ride the escalators in a big department store.

An advertisement in the local newspaper can be used to attract parents for a group training program, or perhaps a group of teachers will attend an inservice training course. Considering a parent group as an example, the eight or ten parents might meet once a week for eight weeks, each session lasting between 90 minutes and two hours (although attempts have been made to decrease this investment of time, e.g. Pinkston and Herbert-Jackson, 1975). Usually, more mothers will attend than fathers, and only a few families will be represented by both parents. Each member of the group will probably have in mind a specific problem or problems that they believe is present

during the course . . .

in their children. During the course, they will receive training in how to define problems in terms of objective and readily understood behaviors. The parents will then be taught to systematically observe these behaviors and to keep a record of how often they occur and perhaps how long they persist (e.g. a three minute tantrum versus a fifteen minute one). It is worth noting that problem behaviors can be divided, for convenience, into those which are excesses (they occur too often) and those which are deficits (they don't occur often enough) (Ross, 1974). Aggression is an example of an excess behavior, while a reading problem would constitute a deficit behavior, because an increase in reading skills is required. The parents may be taught to look at behaviors in this fashion, because the classification often has implications for treatment.

Target behaviour

Once the target behavior has been defined and observed systematically, the parents will need to learn how events immediately before and after the target behavior can influence it. They will learn that every behavior has antecedents and consequences which can alter its frequency of occurrence and, more importantly, that their interaction with the child often involves these "before and after" events. The next step is to teach the parents some basic behavior modification principles (Bandura, 1969), and to illustrate ways in which each one can be used. Generally, the group members are acquainted with the principles of reinforcement and shaping as ways to increase the frequency of desired behaviors, or to encourage acceptable behaviors which are in-

compatible with the problem behaviors, thus decreasing the latter. Parents may also be taught the essentials of extinction and time-out from positive reinforcement, to decrease the frequency of unacceptable behaviors. Additional techniques, such as modeling, counter-conditioning and contracting procedures, are also often taught. Throughout the program, each parent is required to apply their new skills in a real-life situation, and their efforts are discussed during the sessions. The instructional part of the program is often supplemented by the reading of special books for parents, the showing of videotapes, films or slides, and various "homework" assignments (e.g. Becker, 1971; Brown and Presbie, 1974; Peine and Howarth, 1975). Parents may role-play child-adult interactions with each other, or the psychologist might demonstrate various techniques to the group. Most programs thus offer a combination of instruction and practice (see Miller, 1975; Sadler and Seyden, 1976).

Procedures

To make some of these procedures more readily comprehensible, it is perhaps best to take an example. Consider a parent in a group who has come primarily because her seven-year-old boy Bobby throws a tantrum whenever he can't get his own way. This is causing the family some concern because he often smashes things and generally disrupts the household whenever a tantrum occurs. The mother, early in the program, learns to define this tantrum behavior fairly exactly and to observe when and where it occurs. She discovers that father does

not have this problem with the boy and that, in fact, she is the only person who seems to precipitate tantrum behavior. She finds that her thinking about the things her son does has been rather vague and so she carefully defines the target behavior as "Bobby hitting me, screaming at me, hitting and throwing nearby objects, or lying down on the floor and screaming, immediately after he has asked to do or have something and I have refused him". She begins to understand the antecedents of his behavior (the asking and being refused) and she learns that the consequences of the tantrum are usually that she gives in and lets him have what he wants for the sake of some peace and quiet. Bobby's mother is quite sure that this is an excess behavior and she wants to decrease its frequency and intensity (tantrums occur several times a day and often go on for a quite a while). She learns that, by eventually giving in to Bobby on most occasions, she is helping to maintain and even to strengthen the behavior because he has learned that if he keeps the tantrum up long enough he will get what he wants. This pay-off is defined as a reinforcer, and mother learns that Bobby's behavior is being reinforced by her actions in giving in. From the range of intervention techniques presented in the program, she decides to use positive reinforcement, time-out, contracting and modeling, in order to effect a worthwhile change in behavior.

Antecedants

Time-out is used initially to bring about a quick reduction in the frequency of behavior. Mother finds that, by placing Bobby in an unat-

behaviour diminishes . . .



Praising when no tantrums occur

tractive room for a minute or two each time his behavior becomes unacceptable, he soon ceases to have many tantrums. He no longer gets any reinforcement from the situation, so the behavior diminishes. Concurrently with this, Bobby's mother starts praising him for periods of time in which no tantrums occur. Bobby likes being praised (it is reinforcing for him) and so non-tantrum periods tend to increase. His mother has thus learned to reinforce incompatible behaviors as a way of reducing the tantrums. Before applying reinforcement principles to Bobby, however, his mother needed to learn that each child has a unique, idiosyncratic set of reinforcers (see Browning and Stover, 1971) and she had to observe her son carefully for a while to discover which objects and events are reinforcing for him. She had always assumed that pocket money was a strong reinforcer for him but has found out that Bobby really does not care whether he receives regular pocket money or not.

Because Bobby's brother tends to be quiet and well-behaved, even when he doesn't get his own way, mother makes a point of praising him for his even temper in Bobby's presence. She thus uses his brother as a model for Bobby, and by reinforcing the model in Bobby's presence, she hopes he will copy his brother's desirable behavior. Finally, mother and Bobby openly discuss the program, and Bobby says he dislikes the way in which she tends to veto most of the things he wants to do (an antecedent event which is influencing the tantrum behavior). They work out a contract, which states in part that mother agrees not to veto Bobby's requests so severely. Bobby, in turn, agrees to accept that he can't always have or do what he wants. Mother keeps a record of Bobby's tantrum behavior and finds that, as a result of the program she has instituted, his unacceptable behavior has markedly diminished and more acceptable behaviors have taken its place.

Although the example used above

involved parents, a similar training process could apply to a group of teachers. They might benefit from an emphasis on techniques applicable to a number of children at once and which could involve some or all class members as models, reinforcing agents or contractors, but the principles remain the same (Homme, 1974; Kazdin, 1975; O'Leary and O'Leary, 1972; Sulzer and Mayer, 1972). Wherever possible, the "target" child should be actively involved in the program (e.g. via a contract or by taking responsibility for changing his own behavior). Finally, if psychologists are routinely going to teach behavior change skills to parents and teachers, perhaps they should consider teaching them to the children involved as well, either so they can work on a self-modification program (e.g. Watson and Tharp, 1972; Thoreson and Mahoney, 1974) or so they can in turn change the unacceptable behavior of their parents and teachers (Benassi and Larson, 1976; Fedoravicius, 1973; Graubard, Rozenburg and Miller, 1971; Sherman and Cormier, 1974).

* * * *

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CORRECTION

In the article "Parents and Children in Day Care" which appeared in the last issue a mistake occurred in the second last line of the second column on page 12. The sentence should read:

"How successful a family becomes in pursuit of its aspirations depends on the good health of its members, on customs and habits that involve the total life experience of its members and beliefs and mores which go back to previous generations."

We apologise to the author Barbara Potter for the error.

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