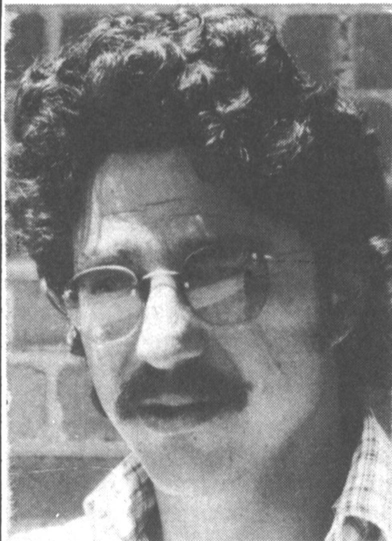
HOUSE BASED INTERVENTION: A Case Study

Dennis Ford, Ph.D.
Barry Heath
George Beltchev, B.A.


George Beltchev

Introduction

Mrs F. was a divorcee living in a housing trust home with her two sons who were aged 8 and 6 years. The family was sustained by Mrs F.'s pension which was irregularly and infrequently supplemented by money for housework brought into her home. The house was compact, rather small, and affording little chance for privacy within the family. Mrs F. was proud of the house and kept it well. She was continually doing something by way of improvement to the rooms, yet the boys were allowed to use the place rather than keep it spotless.

Behaviour problems in the youths promoted Mrs F. to be referred to the Lentara Home Based Intervention Programme by a local clinic for behaviour problems. Feedback from other agencies indicated that Mrs F. herself had a wide range of problems. The boys' problems included bedwetting, lying, stealing, not following instructions, destructiveness, fighting and teasing, as well as school problems. The 8 year old was diagnosed as bordering retarded and culturally deprived. The 6 year old had a learning disability and went to a special school because of it. Mrs F. stated that the older boy was only tolerable for two week intervals and that he was in danger of being removed from her.

Illness

After a delay due to illness of the mother, treatment commenced with the therapist picking up the boys from the temporary lodgings they had used while the mother was hospitalized. A token reinforcement system was instituted in the family by using different coloured chips for each child as punishment and reward feedback for inappropriate and appropriate behaviours. (Ford, Baxter and Dawson, 1976). Both "chore" and social behaviours elicited feedback through the system. Thus, appropriate tasks around the home (e.g., washing up, tidying, setting the table) as well as social interaction skills (waiting for the end of a conversation rather than interrupting, not disturbing a 'phone call, asking for and receiving things appropriately) were reinforced with chips if they were done appropriately, or punished by a "fine" of chips if they were not done. The economy was structured on information provided by the family so that values were placed on the major behavioural problem areas as defined by the mother and the children.

First Session

The first session in the home lasted fo12½hours, during which the programme was modelled for Mrs F. and the boys by the therapist. When to give chips was discussed. How to give them and how to take them away was demonstrated. The necessity of consistency was emphasized and Mrs F. was taught how to use "time out". At the same time the boys practiced the appropriate responses. They learned"time out"; how and when they would earn chips, and how to accept criticism in the form of chip "fines". The boys also learned how to use the chips in order to purchase the privileges that they desired. Role playing was used extensively during this session. Later in the home visit, chips were being given and taken more and more for actual behaviours. Before leaving, all questions were answered and a daily routine, with documented consequences, was established in the home. When the therapist left the home the first time the system was already in operation.

The next day the therapist arrived before the boys returned home from school to review the previous day's events and any problems or questions that arose. Mrs F.'s most obvious initial problem was that she tended to favour her younger boy by not penalizing him for inappropriate behaviour while being

overly strict with the older boy. This particular problem required three home visits to alleviate.

The programme had the immediate effect of setting up a healthy communication pattern between the three members of the family. The chips, their acquisition and storage, and the behaviours upon which they were based became the points of common interest between the family. Partly because of the separation due to the mother's illness, and partly because of the poor interactions arising from the boys' previous problem behaviours, communications within the family had in the past been inconsistent and often inadequate. The new focus facilitated a fresh cohesiveness in the family group.

Good Routine

After the first four days the F family had settled into a good routine and it was felt that the mother was progressing well and that the boys were happy and content. Clearly, Mrs F. was now giving more appropriate attention to her sons than before and she stated that she felt confident of her ability to teach and maintain in the boys, the behaviour she wanted. She stated that it was pleasant to have a method of disciplining the boys without slapping them or giving them "a good belting".

Less Intensive Support

Mrs F., in spite of her own assessment of her ability to manage her sons, needed continued but less intensive support for another three weeks. During that time several major problems arose and were dealt with. These included problems at school, the oldest boy absconding, and enuresis. At the same time the boys said that they were happier. The older boy especially was gaining positive attention from his mother by helping with simple chores that his mother taught him. The boys' tidiness improved as they recognised the positive consequences of putting toys away after use, tidying their room and helping clean the kitchen and dining room facilities. The enjoyment of privileges, for instance, use of the TV and playing time outside the house also became more meaningful to the lads as they recognised that the privileges were earned through their own efforts.

In-person contact was discontinued with the F. family after one month at which time the boys were no longer on the token reinforcement. However, due to Mrs F.'s insecurities, need of support

and want of adult relationships, telephone contact and advice was continued for some months after treatment.

At this stage the family procedure had developed to a contract system with valued activities being contingent upon defined behaviours. The boys were given bicycles which were much prized by them. Their use became a motivation for much appropriate behaviour and helping.

A related aspect to the Home Based Intervention Programme, not involving the children directly, was that the therapist had to be quite confrontive to Mrs F. concerning her lack of recreation. Mrs F. did not leave the house because she was afraid to leave the boys with anyone other than herself. The therapist stressed the need for Mrs F. to get away occasionally and seek recreation away from the boys. Finally, Mrs F. contacted a baby sitting agency and began to have one day a fortnight away from the boys. Mrs F. has found this time very enjoyable and relaxing, and has stated that she feels better with the boys because of it.

Appropriate

At this time Mrs F. is able to understand her children's behaviour and at the same time teach appropriate behaviour as it is needed. The boys no longer exhibit the behaviour that caused Mrs F. to seek treatment and this is the longest Mrs F. has ever been able to live with her children (9 months) and the children are no longer in danger of being removed from home. It is highly probable that periodically over the years Mrs F. will need occasional advice on the management of her children, and we will be called on to give this advice.

Typical

The F. family represents a fairly typical family for the Home Based Intervention Programme, not only demographically in that they are low income (mother is on a pension), live in a housing trust home, and the F. family is a single-parent family; but also in the problems and interactions present in the family prior to treatment. It is common to have parents state, as did Mrs F., that they cannot tolerate their child's presence, and it is also common for the referral agency to state that the child is in danger of being placed outside of the natural home.

* * * * * *

Reference: Ford, D., Baxter, R.M., and Dawson, C.A. The Family Training Manual — Shaftsbury Press, Adelaide, South Australia, 1976.