

INTERVENTION IN THE HOME

*Ms. Jane Cowling

(*Ms. Jane Cowling, B.A. (Hons), Family Therapist with the Adelaide Central Mission Child Care Services, South Australia. Ms. Cowling is also an Associate Member of the Australian Crime Prevention Council.)

Rationale

The importance of developing early intervention techniques to deal with childhood behaviour problems, is illustrated by studies showing a positive relationship between early appearing anti-social behaviour and later patterns of deviant behaviour in adults. (Robins, 1966). Another important issue when considering preventative strategies, is that many "anti-social" children have parents who are quite lax in providing discipline. (Wahler, 1969)

These two aspects of deviant child behaviour introduce the concept of treating child behaviour problems at the true source. This means training the parents in child management techniques, so that the behaviour problems can be treated in the home. (Berkowitz & Graziano, 1972)

This concept has been developed and is presently being implemented by the Home Based Intervention Programme run by the Adelaide Central Mission Child Care Services.

Original of the Home Based Intervention Programme

The Home Based Intervention Programme was initiated in January 1976, in response to a Federal National Action Programme to establish workable alternatives to the Residential Care of children in home, centres and institutions.

The traditional principle, that children's problems should be dealt with outside the family setting, in the hands of qualified technicians, has proved inadequate. The persistent findings are that the treatment techniques failed once the child returned to his ordinary environment.

Thus the underlying goal, when developing the Home Based Intervention Programme, was to decrease the likelihood of children with behaviour problems entering residential care.

The Home Based Intervention Programme

Basically, the programme provides a trained therapist attempting to restructure the existing family interaction patterns in the home. This is accomplished by teaching the parents to use basic behavioural principles in the form of verbal, physical and token/point reinforcements for the appropriate behaviour of their children.

The parents, by becoming aware of the effects of their actions on their children, learn that they can be effective controllers, teach new behaviours, and reduce and stop anti-social behaviours which put the child at risk of residential care placement.

The programme can be used to deal with children of all ages up to 18 years. The idea that children will grow out of their problem behaviours is not accepted. Instead, parents are taught to realize that unless children's problem behaviours are dealt with in the early stages of development, the behaviours will be maintained or manifest themselves in other more deviant ways as the child grows up.

Parents who are aware of the nature of the control of their children's behaviour may be able to prevent the occurrence of future problems. Thus the parents with young children exhibiting minor behaviour problems are considered of equal importance as the parents with older children engaging in more anti-social, pre-delinquent behaviours.

Each family has an individually tailored programme, depending on the age of the child(ren) and on the types of problems exhibited. Very young children up to the age of three are given a programme which deploys simple operant techniques such as time out and straight verbal and physical reinforcement.

Older children, up to 10 years, are provided with a programme which usually employs a token economy system. Tokens are given to the child contingent upon specified appropriate behaviours, and are taken away for specified inappropriate behaviours. These tokens are redeemable for various privileges naturally occurring in the home en-

vironment (for example watching television, riding bikes). The allocation of tokens to the behaviours and the costs of the privileges are worked out in advance with the parents, child and therapist all involved in the decision making.

Adolescent children up to the age of 18 years are given a similar, more sophisticated Point and Merit System as the principle tools to deal with the amelioration of behaviour problems. For these children, points instead of tokens are used for reinforcing appropriate behaviour. Point cards, which are filled out daily provide an ongoing record of the child's actions.

Of over-riding importance in running the token/point system is the need for communication between the parent and child. Parents are taught the importance for constructive verbal feedback, whenever token/points are given or taken away. The tokens/points merely act as a "tool" to prompt the parents' feedback and promote appropriate behaviour and eliminate inappropriate behaviour so that the children learn that all behaviours are followed by consequences.

Once the child has accumulated a certain number of tokens/points (and a satisfactory increase in appropriate behaviour and decrease or elimination of inappropriate behaviour has occurred) the child may graduate to the Merit System. This is a fading system used to maintain the behaviour changes which occurred during the token/point system. Now the systematic consequences for appropriate and inappropriate behaviour in terms of token/points are not provided. The child must learn to reduce his dependence on immediate consequences, and rely on the naturally occurring consequences in his environment. The Merit System still keeps a check on the child's behaviour by the use of a card, where the occurrence or non-occurrence of specified behaviours are "checked off" daily by the parents. A certain number of these behaviours are tolerated each week. If the child exceeds the total he must return immediately to the previous system, and once again earn his way on to the Merit. In addition, a procedure called Time Out is used as a punishment. Many parents find this procedure a constructive alternative to physical punishment which can lead to inappropriate displays of violence.

To aid the families, a short manual (The Family Training Manual; Ford, Baxter & Dawson 1976) describing the programmes and providing rules and hints for carrying out the programme, are provided.

For each family, the therapist initially runs the programme in the home, with the parent(s) observing the techniques. Gradually the programme is passed over to the parents and the therapist fades out his involvement with the family. This usually takes four to six weeks. The therapist eventually terminates his participation with the family except to provide follow-up checks (usually by telephone) to see how the family are functioning without his supervision, and provide "boosters" if necessary. Because of the need for intensive supervision initially, a therapist only works with one family at a time.

Evaluation of the Service up until June 1978

The Families

During the first two years of operation, 89 children have been actively involved in a Home Based Programme. The youngest child was eleven months and the oldest, sixteen years. The range of behaviour problems varied from home based problems such as bed-wetting, non-compliance, lying, fighting, swearing, to outside anti-social behaviour such as stealing, truancy, destructiveness.

Objective records of behaviour changes (recorded by the parents) have enabled the effectiveness of the Home Based Intervention Programme to be determined. The overall increase in the frequency of appropriate behaviour, between the commencement and completion of the programme was established for each family, and there was an average increase of greater than 100%. Further follow-ups suggest that this behaviour change has been maintained.

An indirect measure of the programme's effectiveness is the number of children who entered residential care after the termination of their programme. The majority of children were being considered for some kind of residential care in the future (either due to the child's poor behaviour, or the parent's inability to cope). However, after the programme only seven of the 89 children were placed in residential care. It seems, therefore, that the original goal of providing this alternative to residential care has been achieved through our programme.

In concluding it is interesting to note that the majority of parents involved in the Home Based Intervention Programme have been sole

parents (59%), most of these relying on social security for their income. Further, 80% of the families involved earned less than the South Australian average weekly income, indicating a predominantly financially impoverished clientele. This raises practical problems in charging a fee for service for the majority of our clients. This results in the Adelaide Central Mission providing the funds. It is unfortunate that the government does not supply funds to this programme, considering (1) more than 50% of the clients are referred by government agencies (for example Department for Community Welfare branches) and (2) it appears to be such an effective preventative strategy in dealing with juvenile behaviour problems that would lead to crime.

For further details regarding any aspects of the programme contact: "Lentara", 4 Penfold Road, Magill, 5072.

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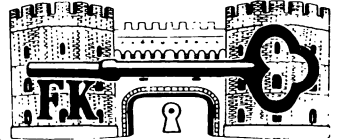
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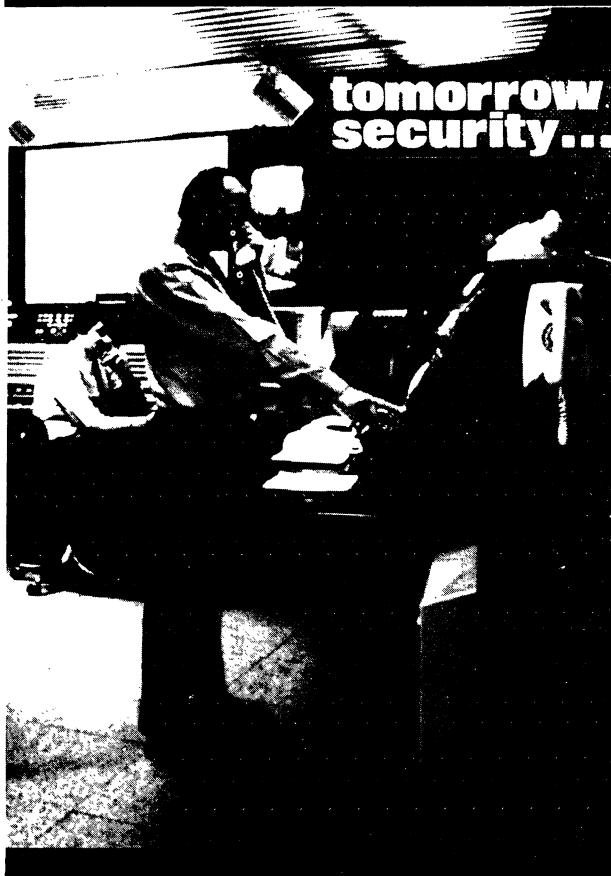
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