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PROMOTING CHILD-CARE SKILLS AMONG PARENTS WITH LEARNING DIFFICULTIES

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**PROMOTING CHILD-CARE SKILLS AMONG PARENTS
WITH LEARNING DIFFICULTIES**

by

Christopher Lewis Hamilton

A thesis submitted to the University of Plymouth in partial
fulfilment for the degree of

DOCTOR OF CLINICAL PSYCHOLOGY

Department of Psychology
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In collaboration with
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ABSTRACT

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The investigation was designed to evaluate a training intervention to increase child-care skills among parents with learning difficulties. Twenty six participants took part in the study. These were divided into three groups: group "A", experimental group (n=8), group "B", experimental group (n=8) and group C, control group (n=10). Training consisted of six one hour sessions conducted in the parents' home over a period of six weeks. The ability of parents to acquire and maintain knowledge of basic behavioural principles was examined and behavioural outcome measures were taken to test for the application and generalisation of the knowledge in question. The impact of the intervention on the parent-child relationship was also evaluated and parental stress levels were recorded throughout the investigation.

The findings suggest that parents with learning difficulties are able to acquire and maintain knowledge of basic behavioural principles as they apply to children. Their ability to transform knowledge into skill however, is less clear with no significant behavioural changes being recorded and no evidence of generalisation. The impact of the intervention on the parent-child relationship suggests that parents' adjustment towards their children following intervention had improved. Stress levels among parents in all three groups were relatively high. These levels for the experimental groups however, increased significantly during the intervention.

These findings are discussed in relation to past research and their respective hypotheses. Their implications for present practice and future research are also reviewed.

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The research is about support and illustrates what can be achieved with a little help. Suffice to say this study could not have been completed without the help and support of those mentioned above. Thank you.

AUTHOR'S DECLARATION

At no time during the registration for the degree of Doctor of Clinical Psychology has the author been registered for any other University award.

The contents of this bound volume are identical to the volume submitted for examination in temporary binding except for the amendments requested at the examination.

This study was conducted while the author was a Trainee Clinical Psychologist in the South West Region based in Plymouth Community Services NHS Trust, and the research was conducted in collaboration with Cornwall & The Isles of Scilly Learning Disabilities NHS Trust.

Signed C. L. Hamilton.
Date...17-7-95...

Chapter 1

INTRODUCTION

Training parents to meet the needs of children

During the past two decades parent-training has emerged as an innovative and pragmatic strategy in the field of child management. The accessibility and potential long-term benefits associated with this mode of intervention suggest that this area is one of the most promising treatment modalities available to the therapist at present (Calvert & McMahon, 1987). This is reflected in the increasing attention being given to parent-training programmes (Dangel & Polster, 1984; Kazdin, 1980), and the growing acceptability of this treatment procedure by parents (Schaefer & Briesmeister, 1989).

While there is a great deal of variation regarding the particular designs and methodologies of parent-training interventions, (Houts et al., 1987; Milne, 1986; Richman et al., 1985), the majority of studies generally attempt to achieve two particular outcomes. Firstly, to train parents to encourage more desirable behaviours from their children, and secondly, to provide parents with the necessary knowledge and skills to manage more effectively those children who exhibit significant problem behaviours (O'Dell, 1974; Yule, 1975).

Using a number of empirically based training modalities, evaluative research studies have consistently demonstrated several positive clinical outcomes when using parents as agents of change. In particular, this form of intervention has been found to be effective in eliciting improved changes in children exhibiting a wide range of dysfunctional behaviours, including sleeping disorders, school phobias, aggression, and primary enuresis (Douglas & Richman, 1985; Yule et al., 1980; Herbert, 1981; Houts et al., 1986).

It has been suggested, that the success of any parent-training programme, depends to a large degree, on the knowledge and skills of the supervising therapist (Schopler et al., 1984). The therapist therefore, has a crucial role to play in helping to produce reliable and effective changes in the behaviour of parents towards their children. While acknowledging that the skill of the therapist is an important variable, the parent-training programmes that have produced the most effective outcomes are generally those that adopt a systematic and conceptually based approach (Blechman, 1984; Blechman et al, 1989; Dangel & Polster, 1984). This scientist-practitioner format has been shown to be the most efficacious in helping to transfer knowledge into actual skills; therefore enabling parents to intervene more effectively in the day to day management of their children.

During training sessions the therapist will often coach parents in new methods and techniques of interacting with their child (Herbert, 1981). With the guidance and support of the therapist parents are then actively encouraged to apply these newly acquired skills in the home, so that any constructive changes in the child's behaviour can be assessed and effectively

evaluated.

A number of different instructional and educational techniques have been used to help identify some of the crucial variables that can have an important impact on the parent-training process (Nay, 1975; Flanagan et al., 1979; O'Dell, 1985).

In 1975, Nay, conducted one of the earliest systematic comparisons of differential teaching methods. In this instance, mothers of pre-school children were trained in the use of time-out procedures under five different instructional conditions: (i) written presentation, (ii) lecture presentation, (iii) videotape modelling presentation, (iv) videotape modelling coupled with role-playing, and (v) no treatment (control group). On this occasion however, Nay discovered that there were no significant differences to be found in parental gains in knowledge for all four experimental groups. This may suggest that the parents under investigation were reasonably skilled in acquiring and maintaining the skills in question. It is debatable whether similar outcomes would have been achieved if parents across the social and educational spectrum had been used in the study. This highlights the importance of having a representative sample of participants if one is to draw broad conclusions from the outcomes. For example, parents from lower socioeconomic and educational backgrounds have been found to have fewer positive outcomes from parent-training interventions in comparison to those from middle-class backgrounds (Tymchuk et al., 1990.)

In a similar fashion to Nay, various research reports have investigated and compared the effectiveness of differential training procedures with parents (Flanagan, et al, 1979; O'Dell et al., 1985; 1979).

O'Dell (1985) has suggested three broad categories of training style, each of which can be used effectively to teach parents new skills: didactic verbal training, didactic visual modelling, and interactive direct modelling of parents' behaviour. Each approach in this context is dependent on the particular task being taught. For example, didactic verbal training may be useful if one is teaching parents aspects of time-management or describing an appropriate time-out environment. Interactive direct modelling of the parents' behaviour on the other hand, is likely to be more effective when trying to teach a particular skill such as washing or changing a new-born baby. While these techniques are valuable in themselves, researchers have also noted that there are several other factors that play a significant role in the training process. These include the environmental setting and the characteristics of the actual therapist (Forehand et al., 1979).

One of the most comprehensive and rigorous research investigations on the effects of training parents as interventionists was conducted by Baker et al. (1980). Baker and his colleagues studied 160 families with children between the ages of 3 and 14. The parents were divided into four groups, each having a different training format. A fifth group received delayed training and served as a control. All parents were assessed on a "Behavioural Vignettes Test" (Baker & Heifetz, 1976) before and after training. The training focus of each group was to assist parents in the acquisition of a number of specified behaviour modification techniques. The four different approaches under investigation were: (i) training manual; (ii) training manual and bi-weekly phone calls; (iii) training manual and group meetings; and (iv)

training manuals, group meetings, and home visits. All methods required parents to teach specific skills to their children. The training lasted approximately 20 weeks and was completed by 87% of the families. All the mothers involved in the training programme demonstrated a significant improvement on the follow-up "Behavioural Vignettes Test" when compared to control mothers. In addition, the children of trained parents improved significantly in skill acquisition over the control group, suggesting that the child change was related to the parent acquisition of behavioural skills.

While there are a range of training techniques, procedures, and/or combinations of strategies, most formats can usually be subsumed under one of two main methodological categories: (i) the behaviour modification approach (Herbert, 1981; Kazdin, 1980; Morgan, 1984) and (ii) the relationship enhancement approach (Guerney, 1964; Eyberg, 1982, 1988,). While there are differences in emphasis and orientation, these procedures are far from being mutually exclusive. In most, if not all cases they would seem to be inextricably linked. Indeed, it is arguable that any therapeutic intervention that involves parent training should have as one of its goals, a means of enhancing the existing relationship between parent and child. Whether one should try to achieve this directly or indirectly, would seem to depend on the orientation and aims of the intervention in question. The quality of this relationship however, appears to be of fundamental importance to any intervention as most parents are likely to be the primary long-term agents of socialisation for their children.

Parents with learning difficulties

Because most parents are the main catalysts for child development and socialisation; the notion of teaching them to perform the parenting process more effectively appears to be a natural progression in most circumstances. Unfortunately, while this progression may be true for most parents, there remains something of a disparity when the parents in question present with learning difficulties. While research suggests that individuals with learning difficulties are capable of maintaining happy and stable marriages (Craft & Craft, 1993), their ability to provide "adequate" parenting for their offspring has yet to be established. That is not to say however, that they are incapable of providing adequate care. Indeed, a number of positive parenting outcomes have been achieved by involving parents with learning difficulties in parenting programmes (Feldman et al., 1992; Tymchuk & Andron, 1988). Therefore, while pervasive learning difficulties may be a central feature for many parents, there is also likely to be a wide range of skill and ability that is often overlooked or invalidated (Kiernan, 1985).

People with mild learning difficulties, which are generally those likely to parent, are very similar in most respects to people who are not classified as have a learning difficulty. They are therefore, likely to experience similar kinds of problems as others, albeit to a greater extent, as they often have fewer personal resources to cope with difficult and/or stressful situations that may occur (Koller et al, 1983).

Only recently have parents with learning difficulties living in the community, been formally identified as a population who may, from time to time require special services and/or support

(McGaw, 1993; Tymchuk, 1990; Budd & Greenspan, 1984). However, while their plight has only recently been acknowledged, there is evidence that clearly illustrates that parenting by people with learning difficulties is not a new phenomenon. Indeed, it was probably more widespread in the past than has ever been officially recognised (Penrose, 1938). The number of parents with learning difficulties that are now being officially identified is steadily growing. This growth is due to a number of factors which include, deinstitutionalization, decreased segregation, and wider opportunities for independent living and participation in the community (Haavik & Menninger, 1981; Rosenberg & McTate 1982; Attard, 1988).

Many parents with learning difficulties have considerable difficulty in coping from one day to the next. It is perhaps not surprising therefore, to discover that these parents are often described as disorganised and chaotic when it comes to providing the necessary care and support for their offspring (Schilling et al., 1982; Green & Paul, 1974). This situation is not helped by the fact that many of these parents are often under persistent pressure from the social services and legal authorities regarding the safety of their children. Because of the difficulties associated with parenting and the constant worry of being perceived as incapable by the statutory services, many parents with learning difficulties are left with little or no self-esteem and more often than not, believe that they are either unworthy or inadequate parents (Tymchuk, 1992; Mira, 1980). This negative self-belief is likely to have an increasingly adverse effect on the parenting process as parents are forced into a self-fulfilling state of "learned helplessness" (Abramson, L. Y., Seligman,

M. E. & Teasdale, J., 1978). With their own emotional resources depleted, parents may have little energy available to meet the physical and psychological needs of their children. Gagan (1984), suggests that when "normal" parents are placed under pressure either through economic deprivation and/or marital conflict, they are more likely to behave insensitively and destructively toward their children. Parents with learning difficulties therefore, may be doubly disadvantaged as they are likely to encounter social and economic difficulties without having the interpersonal skills and resources to deal with them.

Because of their inherent problems, there remains a growing concern regarding the ability of parents who have learning difficulties to provide the necessary care and support for their offspring. It is important however, to distinguish between the parent's ability and the parent's capability; the latter of which may well be above that necessary for providing adequate or "good enough" child care.

During the past 3 decades it has become increasingly apparent that individuals with learning difficulties are able to learn far more than was previously thought possible. Research, which has focussed on providing constructive and supportive training for adults with learning difficulties has shown the ability of these individuals to acquire a range of new and adaptive skills (Clements, 1987; Kiernan, 1985; O'Brien, F., et al., 1972). Such skills have enabled people with learning difficulties to achieve far greater independence in their daily lives. What has yet to be resolved however, is how best to foster this new found independence in the context of parenting.

In response to the problems encountered by parents with

learning difficulties, a growing body of research continues to focus on parent-training interventions which have been specifically targeted at educating and supporting these parents (Tymchuk et al, 1988, 1990; McGaw 1993; Feldman et al., 1985, 1986; Unger & Howes, 1986). These interventions have the potential to identify the relevant aspects of parenting behaviour which may not have been developed among parents with learning difficulties. It is hoped that this will go some way to providing these parents with the necessary skills and support with which to care for their offspring.

Research into promoting skills among parents with learning difficulties should be seen as being of fundamental importance for both the parents and children alike. This is especially so if parents are to be given the opportunity to provide, from birth onwards, a continuous stable relationship for their child. Such a relationship should naturally embrace the necessary physical and emotional care which is so vital for healthy child development (Oates et al., 1985, Bowlby, 1979).

Much of the concern regarding the ability of parents to care for their offspring, has come as a response to findings which consistently reveal that individuals with learning difficulties often have great difficulty in acquiring and maintaining new skills and repertoires (Cullen et al., 1985; Matson et al., 1980; Smith et al, 1975). Any deficits in parenting would have the potential to leave a child vulnerable and open to unintentional abuse and/or neglect (Walton-Allen et al, 1991). It has been suggested that as much as half of the parents with learning difficulties who are known to services are being reported for abuse and/or neglect and more than a quarter are having a child

removed from their home (Whitman et al. 1989). These figures in themselves are quite disturbing and appear to run in contradiction to preventative forms of care.

It is a commonly held view that being a parent "comes naturally". To some extent this may well be true. However, in most instances, the way we learn how to bring up children is based on the way that we were brought up ourselves. Very few people actually have conscious choice about how to react to their children from day to day. They do it automatically. Therefore, even when a parent feels that what they are doing is not working, they may still persist in reacting in the same way. For many parents who present with learning difficulties the opportunity to bring up their children in the same manner as they themselves were brought up is not always possible, or desirable for that matter. It is likely that many parents with learning difficulties, as a result of being brought up in institutional care, or fostered out from family to family, have never had the opportunity to experience appropriate parenting role-models. Therefore, for many parents in this predicament, there is no natural parenting experience to fall back on (Gath, 1988). Individuals brought up in institutional care for example, would have had little or no family life. In addition, they would have been exposed to regimented routines and fragmented and insecure relationships, which are characteristic of institutional life. As Schilling et al. (1982) have pointed out, people with learning difficulties tend to be disadvantaged in the three main ways that most people learn about childrearing: direct experience, observation and reading.

As far as institutional living is concerned, there is evidence to suggest that such an experience does not appear to

prepare those of apparently "normal" ability to become adequate parents (Rutter et al. 1985). Although, it must be pointed out that there is, as yet no evidence to suggest that there is a clear relationship between parental competence and intelligence. A fixed level of intellectual functioning is neither necessary nor sufficient in itself for adequate parenting (Rosenberg & McTate, 1982; Whitman et al., 1989). To this extent it has been suggested that parenting behaviour per se. rather than IQ should be the criterion by which parental competence is assessed (Budd & Greenspan, 1985). There is at present however, no agreed acceptable standard for defining what constitutes adequate or inadequate parenting. Therefore, the precursors for child abuse and neglect would seem to require further investigation.

The risk of abuse by parents with learning difficulties

Due to the limitations of many parents with learning difficulties, their children are often at significant risk of abuse and/or neglect. Of particular concern are the potential developmental problems that can arise as a result of inadequate parenting. Medical, emotional, and cognitive difficulties are some of the main problems that have been noted (Schilling et al., 1982; Smith, 1975).

Parents with learning difficulties have been found to experience particular difficulties in coping when their child becomes more verbal and active (Winik, 1982). Winik, for example, discovered that parents tended not to be aware of any immediate problems or developmental delays with their children. In this study they appeared to be more concerned with sorting out the day to day running of the house, which in itself is a major task for

most parents. Winik concluded, that parents with learning difficulties living at home, need an extensive amount of support to facilitate parenting; especially at the early stages of language development. Similar findings suggest that the parent's inability to adequately teach and promote the child's language and cognitive development is a particular skill deficit among many parents with learning difficulties (Budd & Greenspan, 1984; Feldman, 1986). Studies conducted within the home have revealed that insufficient stimulation is a major area of concern, with interactions between parents and their children often being non-reinforcing and restrictive (Tymchuk et al., 1987).

Because of the seemingly inherent problems posed to children of parents who have learning difficulties, attempts have been made to identify factors that may provide insight into whether the potential for abuse exists within a given family. To this extent, the IQ level of the parent, the inability of the parent to acquire new adaptive behaviours and skills, and the marital relationship itself, have all been found to be potentially indicative of abuse and/or neglect (Gagan, 1984; Borgman, 1969). In addition, prospective studies have suggested that there are significant associations with family psychosocial characteristics and later maltreatment (Kempe & Kempe, 1978). Pertinent factors that have consistently come to the fore are, social isolation, a family history of child abuse and neglect, and inadequate child care arrangements (Hunter et al., 1978). Stressors of a financial or personal nature are also likely to have an adverse effect on parental competency. This is particularly relevant in the case of parents with learning difficulties as they are less likely to have the resources to deal with such circumstances.

Despite the likelihood of high rates of stress among parents with learning difficulties, there is no research data at present which adequately illustrates the strain that these parents may be under. Considering their lack of parenting experience, their low level of skill because of the learning difficulty, and the consistent intrusion of the social and legal services; parents with learning difficulties may well be parenting under extreme pressure, which cannot bode well for them or their children.

From the evidence to date, parents with learning difficulties would appear to be a "special needs" group, who justifiably require a great deal of support and guidance; guidance when trying to care for their children and support in helping parents resolve problems within the home. Unfortunately, there is little evidence to suggest that this "need" is reflected in service provision at present. This lack of support at a preventative level is all too apparent (Booth & Booth, 1994). The prevailing outcome therefore is a situation where by many parents are left to suffer the indignity and trauma of having a child taken away from them and placed into care (Leventhal, et al., 1989).

While the overall care and well-being of the child must be the primary concern for services, there does seem something of a paradox in removing a child from its natural parents in order to "protect" that child. This becomes more of a concern when there is evidence to indicate that such decisions are being made without the appropriate assessment of the parents involved. Hertz (1979) for example, provides evidence to suggest that parents with learning difficulties are often discriminated against and as such, treated unfairly in cases of child protection. On a number of occasions, Hertz revealed that child abuse or neglect was

something that was assumed by the authorities rather than proved. In support of this, other investigations have revealed that in many cases children are routinely removed from their homes without signs of neglect or maltreatment, based solely on the commonly held assumption that parents with borderline and mild learning difficulties have cognitive deficits that impede their ability to raise children (Hayman, 1990; Wald, 1975).

The evidence suggests that the relationship between parents with learning difficulties and child abuse and neglect may often be nothing more than an "illusory correlation" (Hamilton, 1980). This situation is likely to have evolved from historical beliefs about individuals with learning difficulties; beliefs that are so well rooted that even evidence that runs contradictory to them does not have an effect. Such findings only serve to reinforce the need to further investigate more efficacious methods of assessing abuse. Furthermore, there is some evidence to suggest that the primary concern for removing a child from its family is not necessarily because the parents have learning difficulties. Rather it is the additional presence of a major medical condition and/or a lack of support from within the family network (Tymchuk & Andron, 1990). Mattinson (1970) noted that when parenting problems arose, they tended to be due to factors other than IQ, such as family size and socioeconomic status. Given the variation in outcome of these studies, it is perhaps not surprising to discover that children of parents who have a learning difficulty are on occasion, incorrectly perceived as being at greater risk. The unfortunate outcome of this however, is that these children remain an over-represented population in child care services (Levy et al., 1992). Perhaps, what is of more concern is the fact

that this situation has yet to be adequately addressed despite more preventative models of care being brought in by the 1989 Children Act.

Vulnerable children and the law

Hayes (1993) suggests, that one of the main responsibilities of the legal authorities is to balance the right of parents to bring up their children against a need to protect children from harm. While this is a fair assertion, the emphasis within social services in recent years has shifted away from supporting families, to protecting children (Prosser, 1992). The effect, as Prosser has observed, is that professional practice too often "seems to see the good of the child requiring the sacrifice of the family". Unfortunately, the dangers of causing avoidable suffering and trauma to parents and children alike, by failing to appreciate the nature of the bonds within the family and the capacity of the parents, are all too real (Stern, 1977; Galiher, 1973). Such practice also appears to run in direct contradiction to current child care legislation which places a high value on the principle of preserving and supporting the family as a single unit. The Children Act (1989) for example, sets out the duties and functions of local authorities with regard to children and their families. It identifies a particular class of children, namely those "in need", and lays a duty upon each local authority to promote and safeguard the welfare of children within its area, and so far as possible "promote the upbringing of these children within their families".

Children "in need" is defined by section 17(10) of the Act and includes children who, unless the local authority provides

services to them are:

- (i) unlikely to achieve or maintain a reasonable standard of health and development.
- (ii) unlikely to have the opportunity of maintaining a reasonable standard of health and development.
- (iii) likely to suffer significant impairment, or further impairment, to health and development.

In the context of the Children Act, "health" is taken to mean physical or mental health, and "development" to mean physical, intellectual, emotional, social or behavioural development. One of the underlying propositions therefore, of the Act, is that it is best for a child if he or she can be brought up within their own family, with both parents where possible playing a full part in the child's upbringing. Furthermore, the Act states that legal proceedings should be avoided unless they are the best way, in all circumstances, to safeguard the child's welfare.

Removing a child from its parents may not always be the most appropriate way to deal with the situation. If abuse and/or neglect has not been established, then this appears to be a rather drastic alternative to providing support for the families in question. This does however, raise the issue of who defines what is best for the child; which from the evidence to date appears to be something that is done in a rather arbitrary fashion. It is therefore, disturbing, but perhaps not surprising, to find that many child protection cases would not have to go to

court if adequate preventative services were available (King & Trowell, 1992). The issues surrounding parent-child separation therefore, do not always appear to have the long-term interests of the child as a priority, or those of the parents for that matter.

The effects of parent-child separation

The findings to date suggest that there is indeed a potential paradox in removing a child from his/her natural parents to "protect" that child, especially if the reasons for removal are solely based on the fact that the parents in question have a learning difficulty (Hertz, 1979). In many circumstances removing the child may be essential for a number of reasons. However, when these reasons are not valid, the child is likely to suffer emotional and psychological distress because of the separation (Bowlby, 1971; Rutter, 1972). Additionally, services are left with parents who have lost their children. A situation that is likely to leave parents feeling increasingly powerless, distressed and further entrenched in a position of "learned helplessness" (Abramson et al., 1978). Services therefore, that are set up to protect children, have the potential to do as much, if not more damage by removing them from their parents. This is especially so when the reasons for removal are unclear.

However adverse a home, the child lives in familiar surroundings and is looked after, however inadequately, by familiar people. Being taken away from it means the collapse of the world the child has accepted and trusted as the only one they know. One of the most damaging effects is likely to be on the growth of self-awareness and the development of a sense of identity (New-

son, 1972). The well-being of the child therefore, cannot be seen as something that is separate or independent from their parents. Indeed, failing to appreciate the nature of the bonds within the family and the "capacity" of the parents for affection, is likely to be extremely disadvantageous in the long-term. It is important for a child to experience from birth onwards a stable, continuous and dependable relationship with his or her parents. Through this relationship, usually with the mother first and then with the father, and gradually an ever widening circle, the child comes to the realisation of personal identity and a sense of self-worth. This often forms the basis of later relationships, not only within the family, but with friends, colleagues and perhaps eventually in a family of their own (Rutter, 1971). This is something that many parents with learning difficulties have never experienced. It has long been known that a number of learning and behavioural difficulties can arise as a result of being separated from one's parents; with evidence for both language and intellectual problems among infants and young children who do not receive the necessary psychological care (Rutter, 1991). The opportunity to break this debilitating "cycle" should therefore, be paramount.

The basic and all pervasive feature of parental love is that the child is valued unconditionally and for his or her own sake. This is something that is given without expectation of or demand for gratitude. These are factors that even the most caring foster parents or child care institutions cannot provide. During the past 25 years, a number of major advances have been made in our understanding of the implications of substitute care for children. These advances are well supported by research (Parker,

1980), but apparently, none has yet to be translated into action on a required scale. Firstly, adequate physical care is not in itself sufficient to ensure satisfactory emotional, social, and intellectual growth. In addition, prolonged care in an institutional environment such as a children's home, can have very damaging effects on a child's all-round development. Finally, it is apparent that many, if not a majority, of children who are removed from their parents, could remain in their own homes if effective and sufficient supportive services within the community were available (King & Trowell, 1992).

Preventative models of action are not new. In 1978, the "Central Policy Review Staff" concluded that "preventative work undertaken with under-fives and their families can reduce the waste of expensive resources at a later stage, when the need to cope with the consequences of family stress and breakdown becomes more apparent and urgent". Therefore, a preventative approach is also potentially more cost-effective in the long term, as well as being of far greater value to the children and parents concerned.

While the need to incorporate more preventative forms of action is important, there are additional concerns regarding whether parents with learning difficulties provide "acceptable" childcare to begin with. Indeed, results of the research examining this question are problematic from the outset (Tymchuk et al., 1987). Outcome measures for example, are often limited to removal of children from custody of their parents. Some reports suggest that approximately 15% of parents who have learning difficulties have their children removed from the home (Craft & Craft, 1979; 1981). Whether this reflects inadequate childcare, unacceptable variation in parenting style, economic limitations,

or ineffective presentation and representation in courts is unknown. If it reflects inadequate parenting, it would be reasonable to study more fully the effects of training parents who have learning difficulties to care for their offspring in a manner that was more acceptable.

Training parents with learning difficulties

Over the past 15 years, research into the efficacy of parent-training programmes among parents with learning difficulties has grown (Peterson et al, 1983; Budd & Greenspan, 1985; Feldman, 1986; 1989; Fantuzzo et al., 1986; Tymchuk et al. 1987; 1988; 1990,). The literature to date has provided valuable insight into some of the important variables associated with the implementation of parent-training interventions. The work has also helped to highlight some of the potential shortcomings of parent training procedures.

One of the first studies investigating procedures for teaching skills to parents with learning difficulties was reported by Fantuzzo et al. (1986). In this study, a parent skills training programme was used in an attempt to increase parenting knowledge among mothers with learning difficulties. The programme involved teaching verbal responses to common problematic parenting and social situations. Fantuzzo and his colleagues demonstrated that parents were not only able to learn the parenting and social skills information, but that they were also able to retain the information in the home setting.

While parents in the Fantuzzo study exhibited an increase in knowledge with regard to the parenting skills, this may not have necessarily corresponded with correct or consistent performance

of the skills in the home. It has long been established that an increase in knowledge does not in itself result in an increase in actual performance (Kazdin, 1979). Therefore, the fact that the actual use of the newly acquired parenting skills was not measured can be seen as an important flaw in the design of the study. To this extent, it remains unknown as to whether or not the parents involved in the training programme actually exhibited the parenting skills with their children, even though they managed to demonstrate knowledge gains following training. The lack of a long-term follow up also suggests that any initial knowledge gains may have subsided over a period of time, especially if they were not being applied and continually rehearsed in the home setting.

The importance of incorporating reliable follow-up measures into parent training interventions was illustrated by Peterson et al. (1983). Peterson and his colleagues conducted a parent training programme which was again aimed at increasing parental knowledge in a number of specified domains. Using a pre-test post-test design, they reported on the interactions between parents and their children. They found that any initial gains that had been achieved on the respective targeted behaviours, were more often than not lost when a follow-up was conducted only one month later. Therefore, issues concerning both the maintenance and generalisation of knowledge require greater thought if they are to be seen as having long-term benefits for parents with learning difficulties.

In a study by Bakken et al, (1993) an empirical attempt was made to evaluate whether gains in knowledge actually resulted in corresponding skill acquisition following behavioural skills

training procedures. In the first phase of the study, small group training was introduced in a clinic setting. This was subsequently followed by phase two, which involved individual behavioural skills training at home. Parenting knowledge was assessed by scoring subjects' responses to descriptions of common parenting situations. This was conducted during home observations. Bakken and his colleagues discovered that only when training was conducted within the home did the parenting skills increase for each subject. The implication here is that training in the parents' home may have an element of "ecological validity" attached to it. The results of the study also suggest that the subjects' parenting knowledge and skills were independent. It would therefore, seem that training that is focused solely on an increase in knowledge or "understanding" of the appropriate behaviour (eg. Fantuzzo et al., 1986) is inadequate to produce greater performance of the behaviour in the home setting. These results question the utility of any training procedure involving only verbal responses without actual measurement of the application of such procedures.

The fact that parents were directly observed in their own homes in the Bakken et al. (1993) study, does however, raise an issue in itself; as it may have had an important effect on the parents' behaviour. It may well be that a "Hawthorne" type effect occurred when direct observation took place. Therefore, one cannot say with certainty, what the behaviour of the parents would have been like if direct observations had not taken place. In addition, while there are distinct advantages of incorporating direct observational methods into a research programme, there is little doubt that this procedure in clinical practice would be

time consuming and perhaps not cost-effective. This is something that needs to be borne in mind when putting research findings into everyday practice. To this extent, it may be more productive to incorporate less intrusive behavioural outcome measures. For example, measures such as the "Behavioural Screening Questionnaire" (Richman & Graham, 1971), and the "Behaviour Problem Index" (Cunningham et al., 1986), are less intrusive for parents and have been shown to be a reliable means of measuring behavioural changes.

While training in the parents' home appears to be the most effective way of increasing parenting knowledge, there is some evidence to suggest that training that takes place away from the home can be equally effective if it is carried out in an appropriate manner (Tymchuk et al, 1990). In this study, Tymchuk and his colleagues trained 8 mothers with learning difficulties in a clinic setting. Parents were taught to understand and apply a number of behavioural and developmental principles. The training programme occurred weekly and included: (i) a review of each of the items on each of the questionnaires in order, (ii) discussion of the correct answers, and (iii) consideration of how each item applied to each mother's situation. The results of three questionnaires administered showed that mothers with learning difficulties did significantly more poorly before training than a comparison group of mothers without learning difficulties from similar backgrounds. However, after training there were no differences. These results were also maintained at a month's follow-up.

The success of the clinic-based training in this instance may well have been due to the fact that each parenting situation that

was discussed in the clinic setting was made relevant to parent's individual circumstances. By considering how each item applied to each mother's situation, the trainers personalised the teaching process. This may therefore, have helped parents to maintain and transfer these principles from the clinic setting into the home.

Throughout the training in the clinic study, all mothers were observed in informal settings as well as in videotaped interactions with their children. While it was not possible to draw direct inferences as to the effects of the training given on these interactions, the authors argue that some generalisation of the application of the behavioural principles taught was seen. The extent to the effectiveness of generalisation is questionable however, as there were no reliable measures incorporated into the study to test for this effect. Generalisation therefore, remains an elusive component of parent-training interventions. Indeed, more controlled studies looking specifically at generalisation (Budd & Greenspan, 1985) have shown that only 18% of families are able to exhibit moderate or extensive generalised benefits of intervention at follow-up.

A study which attempted to investigate a variety of parental training procedures was reported by Feldman et al., (1986). The parental training programme in this instance was conducted in the parents' home and involved didactic instruction, modelling, prompting, rehearsal, and praise. Unlike Bakken et al. (1993), Feldman and his colleagues gathered follow-up data in a less intrusive manner by using behavioural questionnaires. The scores attained on the questionnaires indicated that parenting skills had subsequently generalised to the home setting following train-

ing. Parents were successfully taught to praise, initiate, and show affection toward their children. While maintenance and generalisation was found in this study, the authors suggest that intermittent long-term support should be an essential factor in helping parents with learning difficulties.

In a more recent study, Feldman et al, (1992) identified and successfully remediated child-care skills deficits to reduce the risk of child neglect. On this occasion, intensive weekly parent-training took place in the parents own home. Training consisted of verbal instructions, pictorial manuals, modelling, feedback, and reinforcement. These factors combined, resulted in rapid acquisition and maintenance of child-care skills in all mothers. The intensive nature of the work in this study however, suggests that the issue of neglect was something that had to be present before parent training took place. This may have inevitably motivated practitioners to remediate the situation more rapidly than if the parents were just part of a "normal" parent training programme. The outcomes, nonetheless, were positive and should provide useful guidance for all interventions, whether neglect is an issue or not.

While a number of positive outcomes have come as a result of parent training, not all parents seem to benefit from such interventions. In the Tymchuk and Andron (1989) study for example, several mothers with problems in addition to their learning difficulty, learned less quickly, and lost the gains they made more rapidly on follow-up than mothers without such problems. In particular, whether parents were depressed or not seemed to have an effect on the outcome of a parent-training intervention. Depression therefore, would seem to be an important variable in the

learning process. Indeed, within the psychology of learning, stress is generally presented as a form of overload on an individual's adaptive resources. Lazarus (1966) for example, suggests that environmental pressures are perceived as more stressful for people with fewer available resources and supports. In addition, Parkes (1971) notes that those with poor coping skills are particularly vulnerable to the traumatic effects of stress. Both these factors are likely to feature prominently among parents with learning difficulties. For this reason, it may be productive to have some way of measuring the stress levels of parents to see if this has an effect on the maintenance and/or generalisation of parenting knowledge.

While there appears to be no valid reason why parents with learning difficulties cannot be taught to acquire new parenting skills, there still remain areas of uncertainty in the literature about the overall effectiveness of training. One particular area concerns whether the actual skills acquired are maintained over time after training is discontinued. Rapid learning may be followed by quick forgetting if continuous ongoing reinforcement is not present. Peterson et al. (1983) for example, discovered that positive benefits often disappeared quickly when parent training programmes were curtailed. Another area where there appears to be conflicting evidence concerns whether parents are able to generalise from their learning in the sense of transferring the lessons across settings, or applying them in new situations. In particular, the lack of adequate follow-up measures which reflect the behaviour of parents post-training, is an area that requires closer analysis. An alternative to the use of behavioural measures has been the utilisation of direct observation. However,

observations of this nature are intrusive in themselves and may actually have a significant effect on the behaviour under question. Questionnaires which are specifically aimed at measuring targeted behaviours need to be incorporated into training programmes. If this can be achieved then more reliable data can be gathered in a manner that is less likely to have an effect on the overall outcome.

Most of the reported work involving parents with learning difficulties has focused on training parents in personal and interactive skills, such as how to talk to the child, how to play with the child, and the use of reinforcers, rather than on practical skills like, household management, health, hygiene and home safety. This is because the underlying concern has been with the prevention of developmental delay in the child rather than the support of the family as a singular functioning unit in itself. Therefore, the training needs of parents have mainly been determined by practitioners with the parents' own perspective generally being overlooked (LLewellyn, 1991; Walton-Allen & Feldman, 1991). It may therefore, be of great benefit if more practical household knowledge was incorporated into a parent training programme. This would in theory, enable parents to learn general domestic skills as well as the skills essential for healthy child development. McGaw (1994) for example, has developed a number of instructional manuals for parents with learning difficulties. The parenting manuals address some of the more practical aspects of parenting such as how to provide healthy nutrition for the child and safety around the home.

The majority of interventions with parents with learning difficulties have primarily focussed on addressing outcome varia-

bles such as, the acquisition of instructional skills by parents (Bakken et al., 1993; Tymchuk et al., 1990;) and, the interaction between the care-giver and child (Feldman et al., 1986; Peterson et al., 1983). By focussing on the prevention of developmental delay in the child, little attention has been given to the interpersonal context of the parent-child relationship. Indeed, contrary to bringing joy to the family, the addition of a new-born baby and the subsequent professional "bombardment" that accompanies this, may have an adverse effect on the parent-child relationship. This relationship therefore, is something that requires closer scrutiny if professionals are to evaluate the impact of training interventions more effectively. Findings already illustrate that professionals often impose considerable stress on families (McConachie, 1991; Tymchuk, 1987). There is no reason to assume that a parent-training intervention is not going to be an additional burden for parents. Therefore, knowledge and skills aside, it seems fundamental that practitioners should have some way of measuring how their interventions impact on the parent-child relationship.

The following study attempts to address some of the present concerns with parent-training programmes. In particular, the acquisition and application of knowledge pertaining to both, behavioural management principles and general domestic skills, will be empirically evaluated. In addition, the impact of the training programme on the parent-child relationship will be addressed and analysed prior to, and following intervention. Finally, data that reflects the pre and post stress levels of parents with learning difficulties will be gathered in order to gauge if these levels have the potential to impact on the train-

ing process in either a positive or negative manner. With these issues in mind, the following hypotheses will be tested using a three group design with a multiple baseline across all subjects.

HYPOTHESES

- 1) Post-intervention scores will reveal an increase in parental knowledge of basic behavioural principles as measured by the "Knowledge of Behavioural Principles as Applied to Children" questionnaire - "KBPAC" (Adapted version, Furtkamp et al., 1982).
- 2) Post-intervention ratings on the "Problem Behaviour Index" (Cunningham et al, 1986), will show a decrease when compared to pre-intervention ratings, suggesting an increased ability by parents to deal with their child's behaviour.
- 3) Post-intervention scores on the "Judson Self-Rating Scale" (1980) will show a decrease when compared to pre-intervention, suggesting an improved acceptance and adjustment by parents towards their child.
- 4) Post-intervention scores as rated on Rutter's "Malaise Inventory" (1970), will show a significant decrease to those recorded at the pre-intervention stage.

Chapter 2

METHOD

Participants:

A total of 30 parents, all of whom were female took part in the study. All 30 parents were classified as having mild learning difficulties. The criteria for falling into the learning difficulty category was an IQ of 70-75 as scored on the Wechsler Adult Intelligence Scale - Revised (WAIS-R). Parents ages ranged from 19 yrs. 3 months to 28 yrs. 9 months (Mean = 23.7, SD = 3.49).

Design:

The study involved a three group cross-over design with a multiple baseline across subjects.

Materials: (see appendix).

1) An instrument to measure knowledge and behavioural principles as applied to children (KBPAK) - adapted version (O'Dell et al, 1979):

The scale is designed to assess understanding of the application of basic behavioural principles as they apply to children. Each item presents a problem situation to which the respondent is required to select the behavioural response that would be most likely to produce the desired effect. Selections are made from a menu of four possible responses. The 10 item shortened version of

the scale was used. The instrument possesses satisfactory content validity and good internal consistency (.86).

2) The Behaviour Problem Index (Cunningham et al., 1986):

The index involves a semi-structured interview in which descriptions of child behaviour are obtained in 12 areas which include sleeping, eating, attention seeking etc. Each item is rated either: 0 = no difficulty, 1 = mild difficulty, or 2 = marked difficulty. Cronbach's alpha for the Behavioural Index has been rated at .87 (Quine & Pahl, 1989), confirming that the scale has good internal reliability.

3) The Judson Self-Rating Scale (Judson & Burden, 1980):

The instrument involves a semantic differential scale which is used to measure the acceptance and adjustment of mothers towards the child. The instrument consists of 22 bi-polar items separated by a seven point scale. The scale has high internal consistency, with Cronbach's alpha rated at .81. The rating scale is made up of four sub-scales which are: (i) self-concept (6 items), (ii) feelings about the child (7 items), (iii) judgments about child's capabilities (4 items), and (iv) interactions with professionals and others (5 items).

4) Malaise Inventory (Rutter et al., 1970):

The Malaise Inventory has been used to measure stress experienced by parents and primary caretakers. Scores of 5 or 6 are considered to be outside the "normal" range and indicative of stress. Scores of 7 or more are considered to be more critical (Rutter et al. 1970).

5) "On Becoming a Parent" (McGaw, 1994)

The parenting booklet has been specifically designed to help parents with learning difficulties. The booklets have four main emphases: (i) Becoming a parent, (ii) Nutrition, (iii) Health and (iv) Safety. The readability of the parenting material was analysed using the formula developed by Mugford (1970), which is based on word and sentence length. Readability analyses were found to be in the region of 7-9 years. This suggests a reading ease consistent with an I.Q. of around 75 (WAIS-R).

Procedure:

An initial meeting was arranged with parents who were known to the learning difficulties service in order to discuss the nature and purpose of the research programme. At this meeting parents were informed that the research concerned the evaluation of parent-training procedures. It was highlighted to those present that this type of research was useful in helping the service understand the "real" needs of parents in their position. Three graduate psychologists specialising in learning difficulties were on hand to answer any concerns that parents had. All three graduate psychologists were familiar with the design and development of the training programme and were responsible for carrying out the training intervention. At the end of the meeting parents were given the option of participating in the research programme. Out of those parents present, a total of 30 expressed an interest in participating in the research. All 30 parents were informed that they would be contacted within the next two weeks to complete some baseline measures.

After the meeting all 30 participants were randomly allocated to one of three groups: Group A (n=10), Group B (n=10), and Group C (n=10) respectively. Appropriate dates and times were then made so that one of the graduate psychologists could make a home visit in order to gather the initial baseline data. During this period, each participant was informed that they had the choice to opt out of the programme at any stage if they felt that it was causing them undue stress or otherwise. Consent forms were then signed by each parent.

Phase 1 involved gathering the baseline data on all four measures for the 30 participants. After completing the baseline data, appropriate dates and times were arranged within which to conduct the first treatment phase of the programme (t1). Prior to t1 however, 4 participants dropped out of the study. This left the composition of the groups as follows: Group A (n=8), Group B (n=8), and Group C (n=10).

At the beginning of phase 2, participants in group A received both the parenting skills booklet and weekly in-house support and instruction from one of the graduate psychologists. The in-house support and instruction consisted of verbal guidance and feedback on each component of the Knowledge of Behavioural Principles Questionnaire - KBPAC, (O'Dell et al., 1979). This involved each graduate psychologist reading the 10 respective parenting situations to the participants and asking them how they would respond in that given situation. Any incorrect responses were rectified during each session. Each visit also involved a review of the parenting booklet material (McGaw, 1994). Any queries and/or difficulties regarding the "KBPAC" and the parenting booklets were addressed during these sessions. Each visit took about 60

minutes to complete. Group B received only the parenting skills booklet during phase 2 and did not have any weekly in-house support visits. Group C were the control group and therefore, did not receive any kind of formal intervention at this stage. After completing phase 2, follow-up data on all four measures was gathered for all three groups.

Phase 3 of the intervention involved group A, receiving no weekly visits and no parenting skills programme. This was to assess any maintenance and/or generalisation of any knowledge that may have been gained during phase 2. Group B at this stage however, received both the parenting skills booklet and 6 weekly in-house sessions which were the same as those given to Group A at phase 2. Group C remained the same with no formal intervention. After the 6 week period the final measures were taken for all participants.

At the end of the programme a debriefing visit was made to all parents who were thanked for their time and dedication throughout the research. During this visit each participant received their own copy of the parenting skills booklet.

Chapter 3

RESULTS

The data for all 4 measures was analysed using a 2 way ANOVA repeated measures on 1 factor procedure. Mean scores are given in each graph to illustrate ratings at baseline and t1 and t2 periods (see appendix for statistical printouts and raw data).

Fig. 1

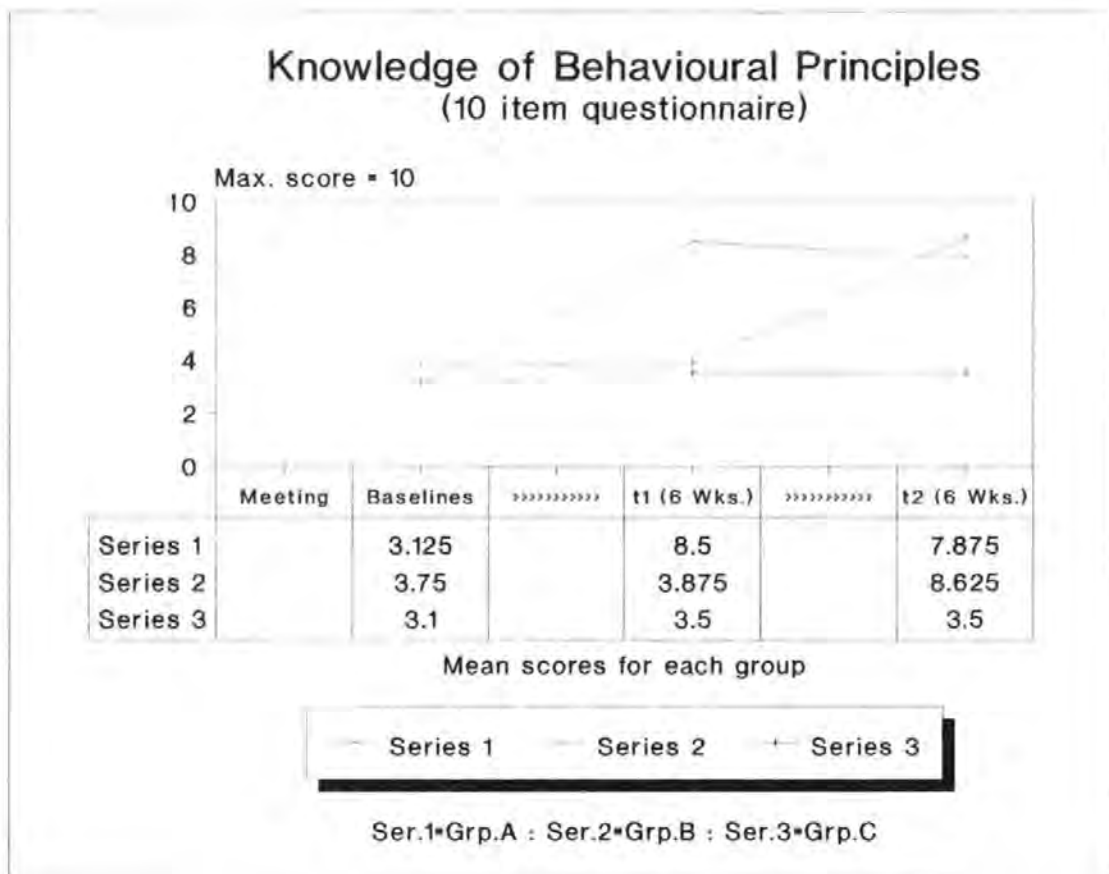


Fig 1. illustrates the mean scores obtained for the Knowledge of Behaviour Principles Questionnaire (KBPAQ) for each group at each interval. The difference between groups was found to be significant:

$$F = 29.4821, p = < 0.001; \text{ with } 2 \text{ and } 23 \text{ df.}$$

The interaction effect within groups was also significant:

$$F = 42.2731, p = < 0.001; \text{ with } 4 \text{ and } 46 \text{ df.}$$

Fig.2

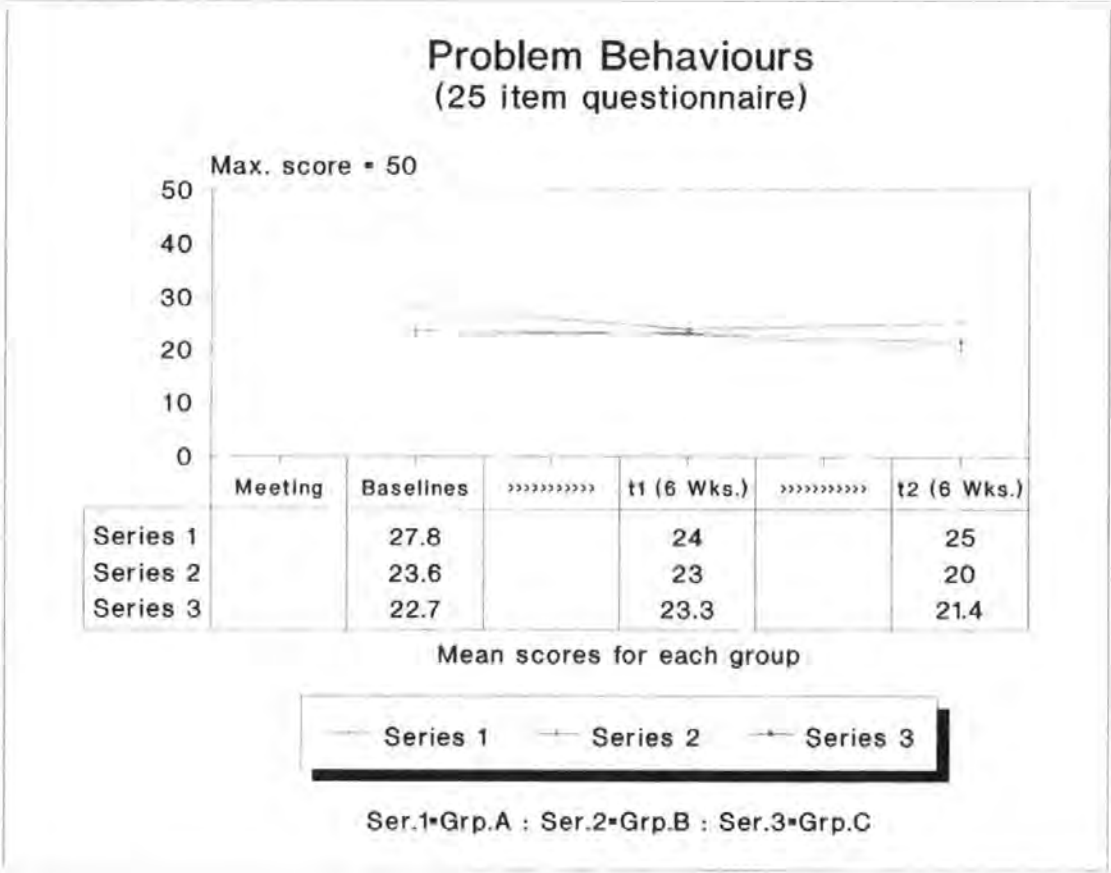


Fig 2. illustrates the mean scores obtained on the Problem Behaviour Index for each group at each interval. The difference between groups was not significant:

$$F = .9206, p = < .4124; \text{ with } 2 \text{ and } 23 \text{ df.}$$

The interaction effect within groups was also not significant:

$$F = 2.2482, p = < 0.783; \text{ with } 4 \text{ and } 46 \text{ df.}$$

Fig.3

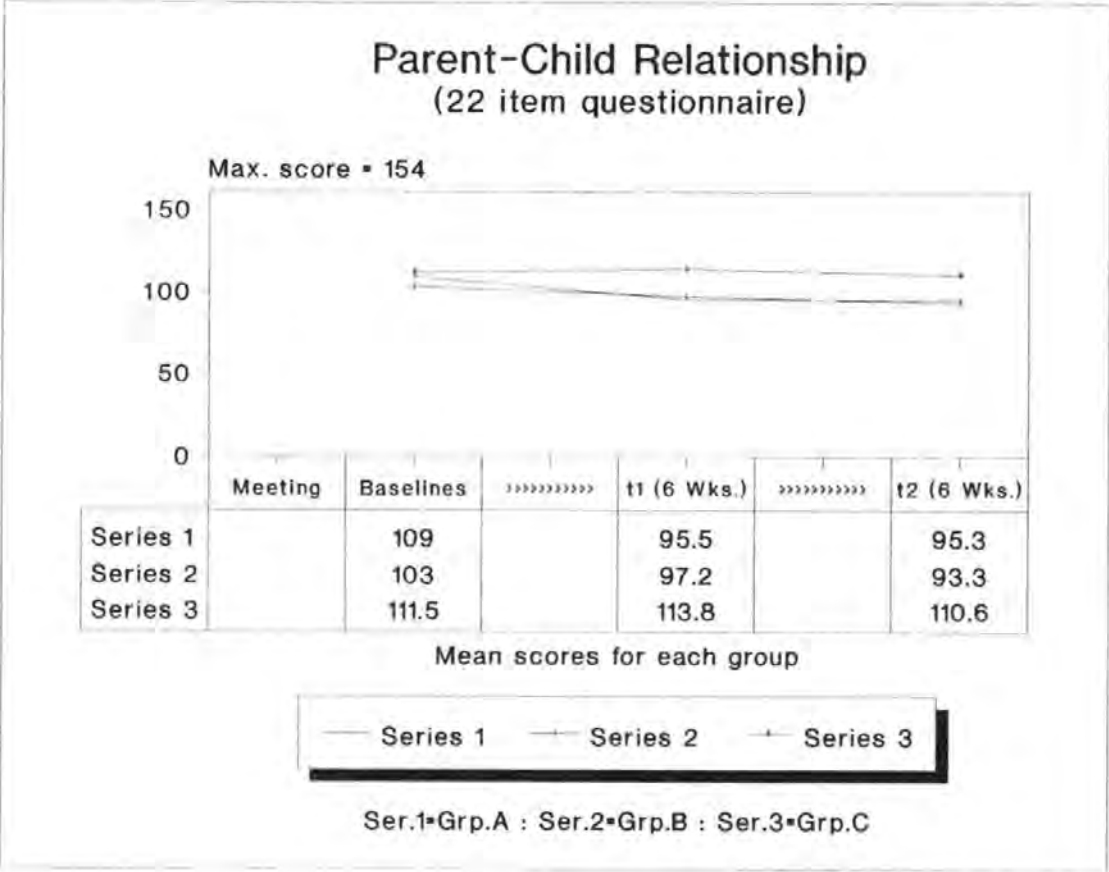


Fig 3. illustrates the mean scores obtained on the Judson Self-Rating Scale (Judson & Burden, 1980) for each group at each interval. The difference between groups was found to be significant:

$$F = 5.108, p = < 0.05; \text{ with } 2 \text{ and } 23 \text{ df.}$$

The interaction effect within groups was also significant:

$$F = 7.3571, p = < 0.001; \text{ with } 4 \text{ and } 46 \text{ df.}$$

Fig 4

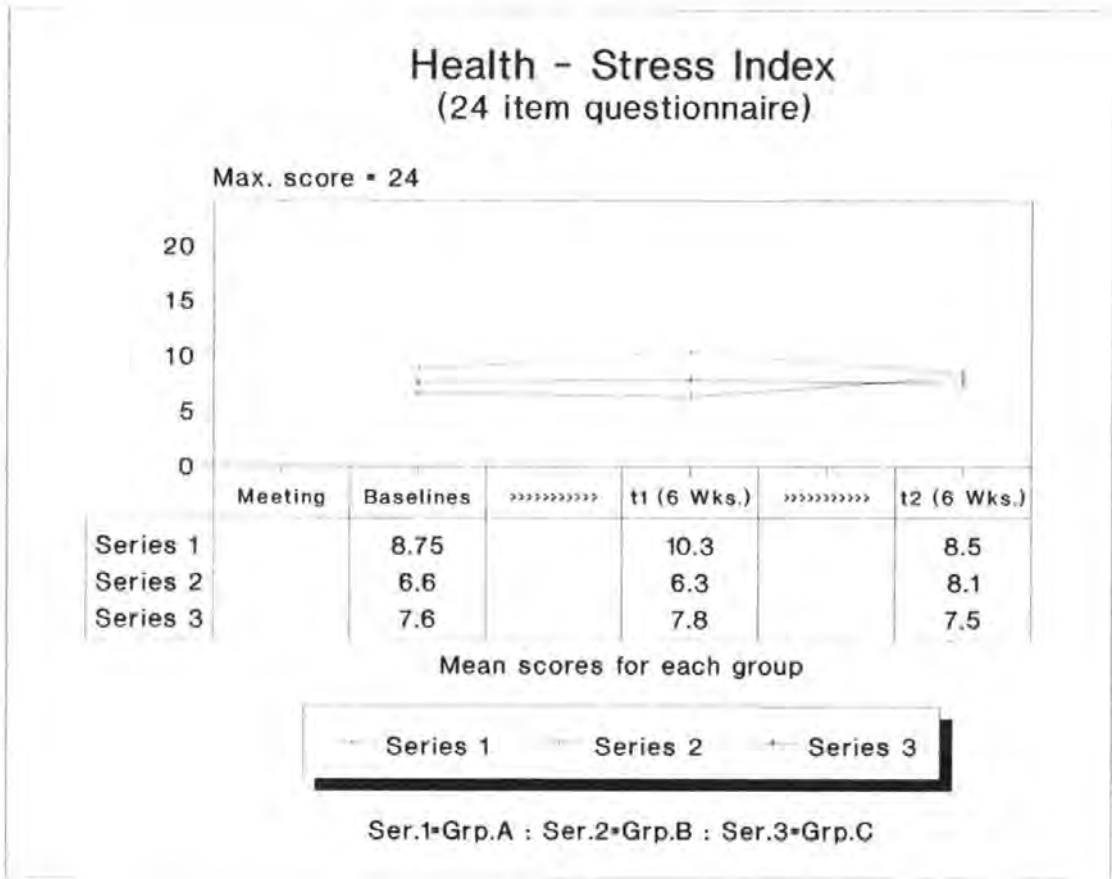


Fig 4. illustrates the mean scores obtained on the Malaise Inventory Questionnaire for each group at each interval. The difference between groups was found to be significant:

$$F = 4.7584, p = < 0.05; \text{ with } 2 \text{ and } 23 \text{ df.}$$

The interaction effect within groups was also significant:

$$F = 5.8331, p = < 0.001; \text{ with } 4 \text{ and } 46 \text{ df.}$$

N.B.: Although the post-intervention Malaise ratings were found to be significant, they did not support the original hypothesis as ratings for groups "A" and "B" actually increased following intervention in comparison to the control group "C".

Chapter 4

DISCUSSION

Summary of Outcomes

The results of the study show that three out of the four analyses produced statistically significant outcomes. However, only two of these significant findings were in the direction originally hypothesised. To this extent, only hypotheses 1 (Knowledge), and 3 (Parent-child relationship) were found to be statistically significant in respect of having produced the desired effect of the intervention.

Hypothesis 1, which was concerned with increasing parental knowledge of basic behavioural principles as they apply to children (Furtkamp et al, 1982), produced a significant difference between groups: $F = 29.4821$, $p = < 0.001$. The interaction effect within groups was also found to be significant: $F = 42.2731$, $p = < 0.001$. The mean baseline ratings for groups "A", "B", and "C" were 3.1, 3.7, and 3.1 respectively. At follow-up however, the ratings for groups "A" and "B" had risen to 7.8 and 8.6 respectively; while those for the control group "C" had remained relatively stable at 3.5.

Both group "A" and group "B" therefore, scored significantly higher following the in-house instruction, than the control group "C". These findings suggest that parents with learning difficulties are able to both acquire and maintain knowledge pertaining to basic behaviour principles.

Hypothesis 2, which was concerned with the elimination of child problem behaviours (Cunningham et al, 1986) did not produce a significant difference between the groups: $F = .9206$, $p = < .4124$. The interaction effect within groups was also not significant: $F = 2.2482$, $p = < 0.783$.

This outcome suggests that the intervention was not in itself, sufficient enough to help parents reduce the number of problem behaviours that were currently being exhibited by their child.

Hypothesis 3, which was concerned with the impact of the intervention on the relationship between the parent and child (Judson & Burden, 1980) produced a significant difference between groups: $F = 5.108$, $p = < 0.05$. The interaction effect within groups was also significant: $F = 7.3571$, $p = < 0.001$. The mean baseline ratings for groups "A", "B", and "C" were 109, 103, and 111.5 respectively. At follow-up however, the ratings for groups "A" and "B" had fallen to 95.3 and 93.3 respectively; while those for the control group "C" had remained relatively stable at 110.6.

Both group "A" and "B" therefore, reported significantly fewer difficulties with the parent-child relationship following intervention. This suggests a marked improvement in the acceptance and adjustment by parents towards their children following the parent-training.

Hypothesis 4, which was concerned with reducing stress levels among parents (Rutter, 1974), also produced a significant difference between the groups: $F = 4.7584$, $p = < 0.05$. The interaction effect within groups was also significant: $F = 5.8331$, $p = < 0.001$. Unfortunately, the analyses revealed that the stress rat-

ings actually increased rather than decreased after baseline levels were taken. To this extent, groups "A" and "B", who received the intervention, recorded significantly higher stress ratings at follow-up than the control group "C", who did not receive any formal intervention. At baseline, stress ratings for groups "A", "B" and "C" were 8.7, 6.6, and 7.6 respectively. At follow-up however, the ratings for groups "A" and "B" were 8.5 and 8.1 respectively. The ratings for group "C" had remained relatively stable at 7.5. It should be noted that while the ratings for group "A" had gone from 8.7 to 8.5 at follow-up, the actual ratings recorded immediately after the 6 week intervention was 10.3. Only after the intervention was withdrawn did the stress level revert back to near its original level. This suggests that the intervention in itself, was something that may have been stressful for those parents involved.

The acquisition and maintenance of knowledge

The significant increase in parental knowledge of basic behavioural principles for Groups "A" and "B" can be seen as a promising step forward with working with parents with learning difficulties. The follow-up measures also suggest that newly acquired knowledge can be maintained over a period of time, in this case, 6 weeks.

The fact that these findings are consistent with similar outcomes for increases in knowledge among parents who do not present with learning difficulties is particularly encouraging (Quine & Wade, 1991; Dangel & Polster, 1984; Baker et al, 1980).

This is the type of positive outcome that needs to be highlighted further to services whose statutory responsibility is

toward the welfare and development of children whose parents have learning difficulties. This is particularly necessary, if the social and legal services are to increase their own awareness of the potential ability of parents with learning difficulties. As Prosser (1992) has pointed out, the emphasis within social services in recent years, has shifted away from supporting families to protecting children. However, the dangers of causing avoidable suffering and trauma to the parents and children concerned, by failing to appreciate the nature of the bonds within the family and the capacity of the parents, are all too real (Stern, 1977; Galher, 1973).

Unfortunately, it is often the pervasive disability that appears to be the consuming focus for services (Prosser, 1992; Tymchuk, 1990). This biased perception is usually to the detriment of those parents concerned (Tymchuk et al, 1987). Outcomes that clearly illustrate the capacity of parents with learning difficulties therefore, need to be given greater priority and consideration if more preventative models of care are to be effectively put into operation.

The knowledge outcomes are an advance on those discussed by Peterson and his colleagues (1983); whose intervention was also aimed at increasing parental knowledge. The pre-test post-test findings in the Peterson study, revealed that most of the initial gains that had been achieved after parent training, were more often than not lost when follow-up measures were taken only 1 month after the formal intervention was curtailed. Therefore, the present study suggests that parent-training programmes which incorporate in-house support and instruction, are an effective means of increasing and maintaining knowledge among parents with

learning difficulties. In the context of the present investigation, the in-house support consisted of verbal guidance and feedback on specific components of the behavioural principles in question.

The fact that the intervention was conducted in the parent's own home is likely to have contributed to the success of the knowledge component of the research. Indeed, it has already been suggested that teaching parents in their own environment has an element of "ecological validity" about it (Bakken et al, 1993; Feldman, 1989). This is perhaps, another factor that needs to be borne in mind when developing parent-training interventions in the future.

The findings are consistent with those of Fantuzzo et al. (1986), who demonstrated that parents were not only able to learn parenting information, but that they were also able to retain the information in the home setting. However, by failing to incorporate any behavioural outcome measures into their study, Fantuzzo and his colleagues did not take into account the actual utilisation of the newly acquired knowledge. It has long been established that an increase in knowledge is not always enough in itself to produce an increase in actual performance (Kazdin, 1979). The actual acquisition of behavioural knowledge therefore, may be rather futile if it is not assimilated into the parents' behavioural repertoire.

The application/generalisation of knowledge

The fact that behavioural outcome measures were incorporated into the present study can be seen as a methodological advance on previous investigations (Fantuzzo, et al., 1986; Peterson et al.,

1983). These outcome measures, which were aimed at identifying the application and generalisation of the newly acquired knowledge, were therefore, of considerable interest. Unfortunately, no significant differences were recorded either between or within the groups on the "Behavioural Problem Index" (Cunningham, 1986). This can be seen as a major shortcoming of the parent-training intervention. These findings also lend support to the earlier contention made by Bakken et al. (1993), which is that parents' knowledge and skills are often independent.

There are a number of possible reasons as to why no significant changes were found on the behavioural index following the intervention. It is worth noting however, that the mean post-intervention scores were marginally lower than the original baseline levels for groups "A" and "B". At the baseline phase of the study, groups "A" and "B" recorded problem behaviour ratings of 27.8 and 23.6 respectively. Following intervention, these ratings had fallen to 25 and 20 respectively. The scores for the control group "C" on the other hand, remained relatively constant. Therefore, while the statistical analysis failed to show any significant difference between the groups, the trend of the data was at least in the intended direction.

One of the possible reasons why the difference between groups was not significant may therefore, have been due to the length of time within which baseline data and follow-up data was gathered. The length of time given in the investigation to test for the application and generalisation of knowledge was 6 weeks. It is possible that a longer post-intervention follow-up may have yielded more of a significant reduction in the problem behaviours reported by parents.

If the length of time was not sufficient to illustrate any significant behavioural changes, then we cannot say with confidence that this was due to the ineffectiveness of the parent-training intervention itself. To this extent, criticisms need to be levelled at the design and methodology involved in the study. A longer follow-up period, for example, would have allowed for more accurate and concise conclusions to be drawn from the behavioural outcome data.

This methodological criticism may have implications for future research and practice. Indeed, it may be rather meaningless to conduct short-term research projects with parents with learning difficulties in the hope that this will have some long lasting effect. With parenting being very much an ongoing and continuous process, interventions are likely to be more efficacious if they are conducted over a long-term period before any "real" benefits can be demonstrated. Only then, may investigators be able to adequately assess the gains or otherwise, to parents and their children.

Continuous long-term research may be the optimum strategy for a number of important reasons. For example, it is likely to be the most reliable way of evaluating intervention impact on the parents and children concerned. In addition, if the child's physical and social development are of primary concern to the social and legal services, then only long-term interventions and assessments will be able to adequately assess the impact of a programme on the social, psychological and cognitive development of the child. This would appear to be a fundamental step forward if the preventative form of care, which is a feature of the 1989 Children Act, is to be put into effective rather than punitive

practice.

The potential benefits of developing long-term intervention strategies for working with parents have been illustrated by Rescorla and Zigler (1981). While the parents in the Rescorla study did not present with learning difficulties, they did come from families who suffered the problems associated with economic and social deprivation. Eighteen children from low-income families were involved in the Rescorla investigation. The children were visited in the home twice a month in the first year of the project and monthly thereafter. The main focus of the visits were the mothers' parenting, social and economic needs. Child progress was assessed at periodic intervals using an experimental and matched comparison group. An analysis of a 5 year follow-up indicated a significant difference favouring the experimental group on socioeconomic status, number of children (fewer), and general quality of life. The children in the experimental group also scored higher on a series of language and cognitive assessments.

While the Rescorla study does not involve parents with learning difficulties, there are parallels that should be drawn between the situation faced by these economically deprived families and those involved in the present study. To this extent, lessons may be learned by applying similar long-term evaluations when investigating the development of children whose parents present with learning difficulties. Only then may we begin to understand the benefits that continuous intermittent support can have on the child's development. While practitioners working with parents with learning difficulties can see a number of benefits of short-term interventions, most, if not all, would argue that, intermit-

tent long-term support should be an essential factor in helping these families (McGaw & Sturmey, 1993; Tymchuk, 1992; Feldman et al., 1986).

Another reason for the failure of the study to yield significant decreases in problem behaviours may lie in the actual nature of the parent-training itself. The in-house support and instruction which consisted mainly of verbal guidance and feedback may have been insufficient to enable parents to assimilate and transfer knowledge into actual practice. It may have been more productive therefore, to have incorporated elements of didactic visual modelling and/or interactive direct modelling as advocated by O'Dell (1985). The implication here is that training interventions in the future should not focus exclusively on verbal skills but rather on the acquisition and performance of actual parenting skills. As Bakken (1993) and his colleagues have illustrated, "while training may influence clients' verbal behaviour, it does not by itself necessarily lead to the performance of important skills".

The present intervention comprised of a number of different components which may have had an adverse affect on the overall outcome. For example, the four components of the investigation which included an analysis of the parent-child relationship as well as a measure of the parents' stress levels may have resulted in overloading the parents. This may have been to the detriment of other elements of the intervention, so that some aspects were bound to fail. Within the psychology of learning, stress is generally presented as a form of overload on an individual's adaptive resources (Lazarus, 1966). This may well have been a pertinent factor in the present investigation where too much may

have been expected from those participating. If this was the case, then practitioners and researchers alike may need to break training down into smaller components in the future; or at least focus on one particular element of the parenting process. Breaking down training components into more manageable elements has been shown to be an effective way to increase skills among adults with learning difficulties (Cullen, 1985). There is no reason to suggest why the same principle should not apply to parent-training interventions.

Another possible reason why the study failed to produce any significant reduction in problem behaviours may well be due to the actual items involved in the "Knowledge of Behaviour Principles as Applied to Children" (KBPAC) questionnaire. For example, while the instrument itself possesses satisfactory content validity and good internal consistency (.86), certain items may have been too abstract to generalise to the parents' situation. For example, deciding what is the most appropriate ploy to get a child to do homework (item 2), or to hit a ball (item 4), are behaviours that may not be of fundamental importance to the parents in question. Therefore, while the principles behind the responses to these questions are valid enough, how to generalise from these types of questions is another matter. Therefore, there remains a need to develop more relevant training materials for parents with learning difficulties; materials that have a direct bearing on the parents' situation.

Alternatively, parents may well have just learned the answers to the KBPAC without actually understanding the principles behind them, although this was explained during the weekly visits. A verbal knowledge of behaviour principles is unlikely to relate to

actual skills with children. With this in mind, future research should not just focus on eliciting a correct response to a given situational context, but also on obtaining a valid reason for that response. To this extent, there appears to be room in the future to develop more "relevant" behavioural knowledge questionnaires. These questionnaires should incorporate situational contexts that require not only a correct verbal response, but also a component that requires an "operationalised response". This may help parents to assimilate and generalise knowledge that much easier.

The didactic nature of the intervention, and the lack of relevance of some of the "KBPAC" items, which were perhaps too abstract to generalise to everyday situations may have been responsible for the failure to reduce the problem behaviours. To this extent, generalisation of knowledge and skills remain elusive components when working with parents with learning difficulties.

The skill of the therapist has been identified as an important variable in producing successful parent-training outcomes (Schopler et al., 1984). In the present investigation, the three graduate psychologists were well versed in the use of behavioural principles. Each also had a minimum of 5 years experience working with adults with learning difficulties. Therefore, it may be unreasonable to suggest that this was a pertinent factor in this instance. However, another possible variable, that may have inhibited the intervention is the interpersonal relationship between the parents and the psychologists themselves. Indeed, the programme developed from an initial meeting and progressed to taking baseline recordings. While there was an awareness and

sensitivity to the vulnerability of the parents involved, no formal work was performed on developing and/or fostering relationships with the parents. Therefore, there may have been an element of trust and/or rapport lacking, that may have had a negative impact on the intervention itself. This is all the more likely, given the findings of McConachie (1991), which reveal that parents with learning difficulties are often suspicious of outside influences for a number of valid reasons, not least that they fear losing their child if they do not come up to certain expectations.

The negative experiences that parents may have had from other professionals may have therefore, influenced their perception of the research and of the graduate psychologists involved. In particular, they may have harboured fears about the purpose of the research, for instance, that it was designed to check on their ability to parent in a way that was not going to be constructive or in their interests. It would seem therefore, that an important part of the parent-training process should be concerned with creating an atmosphere of trust and openness in order to facilitate the relationship and the subsequent intervention process. A collaborative approach that facilitates trust within the relationship between parents and therapists has been described as being at the core of effective parent-training programmes (Mittler & Mittler, 1982; Pugh, 1981). Given the negative experiences to date, and the fear and vulnerability of many parents with learning difficulties, this process is likely to be all the more important.

The parent-child relationship

The research and evaluation conducted on parent-training programmes has primarily focussed on addressing outcome variables such as, the acquisition of instructional skills by parents (Bakken et al., 1993; Tymchuk et al., 1990;) and the nature of the interaction between the parent and child (Feldman et al., 1986; Peterson et al., 1983). By incorporating the "Judson Self-Rating Scale" (Judson & Burden, 1980) into the present investigation however, an attempt was made to go beyond the focus of pure outcome variables. To this extent, the Judson scale actually evaluated the impact of the intervention on the parent-child relationship itself.

The results from the self-rating scale are encouraging with parents in both group "A" and "B" differing significantly from those in group "C" when post-intervention ratings were taken. This data suggests that the programme may have had a positive influence on the parents' perception of their child. This would be a welcome outcome given the difficulties that parents have had in the past.

The data from the self-rating scale may also imply that parents gain enormous pleasure and satisfaction purely from being with their child, not that this should be surprising. Indeed, parenthood has in the past been an important factor in enhancing self-esteem and self-worth among people with learning difficulties (Craft & Craft, 1979). However, this would be a particularly interesting outcome given the levels of stress and the failure to record any positive behavioural changes. If there is some evidence for the above assertion, then the reasons for the high levels of stress among parents may well be due to other influ-

ences rather than the assumption that it comes as a result of not being able to cope with their child.

As well as looking at the parent-child relationship, the scale also took into account the parents' relationship with professionals, which has been a cause for concern in the past (McConachie, 1991; Tymchuk & Andron, 1987). To this extent, the follow-up data from the scale is again encouraging, as it suggests that the parents perceived the graduate psychologists in a positive light, or at least gave responses that were consistent with this.

While it is encouraging to see the outcomes from the self-rating scale, one should perhaps be cautious with attributing these positive changes solely to the parent-training intervention. Given the fact that many of the parents are in a vulnerable position, they may well have been inclined to fabricate their responses in order to give a desirable impression to the psychologists. Some parents for example, may have tried to anticipate what ideas the interviewer had in mind and then produced answers along the lines of their perception. Given that some questions on the scale were directly related to important variables such as whether they found it hard to show affection to the child (item 8), or whether they felt cold or warm toward the child (item 11), the inclination to give a desirable response would have been understandable, especially if they were not wholly convinced of the nature of the research. Great care is therefore needed in helping parents to express their true feelings without fear of repercussion. It is likely that the collaborative approach (Mittler & Mittler, 1982; Pugh, 1981), mentioned earlier will go some way to resolving this difficulty.

Attempts to examine programme impact on the parent-child relationship itself are surprisingly sparse. Given the evidence that suggests that professionals often impose considerable stress on families, this can be seen as a serious oversight by practitioners and researchers alike. This relationship is therefore, something that requires closer scrutiny in the future if professionals are to take responsibility and evaluate the impact of their training interventions on those under investigation.

Stress among parents with learning difficulties

The consistent high rating on the "Malaise Inventory" (Rutter, 1974) for all three groups, suggests that parents with learning difficulties are constantly parenting under extreme pressure. This is something that should be of concern to all interested parties, especially as the emotional state of the parent is likely to be inextricably linked to the care and development of the child (Hetherington & Clingempeel, 1992; Emery, 1989; McLoyd, 1989). This finding should perhaps, not be that surprising. For example, Lazarus (1966) has long suggested that social and environmental pressures are perceived as more stressful for people with fewer available resources and supports. This is a situation that many parents with learning difficulties are likely to find themselves in. What is questionable however, is whether this pressure is as a consequence of inadequate parenting, emanating from the fact that parents have a learning difficulty, or whether it is related to other factors.

While it is likely that a combination of factors are responsible for parents being under such strain, it is probably useful for research to focus on some of the potential sources of stress.

This is essential if professionals are to have a more complete understanding of the pressures that these parents are constantly faced with. Only then may we be in a position to effectively remediate the situation.

One potential source of stress for many parents is the constant intrusion by the social, health, and legal services. As the present research has illustrated, even the well-meant intention of a parent-training programme can have an adverse effect on the families in question. More recently, services have been guilty of only being interested in the welfare of the child. They have therefore, been oblivious to the needs of the parents. Here lies a gross failure by professionals to acknowledge the fact that the child's welfare is linked to that of the parents. In support of this assertion, recent evidence suggests that social services have in recent years, shifted from supporting families, to "protecting" children (Prosser, 1992). The effect, as Prosser has observed, is that professional practice too often "seems to see the good of the child requiring the sacrifice of the family". This is a fundamental issue that needs to be addressed in the future.

There is additional evidence to suggest that many parents have had adverse experiences of statutory services (McConachie, 1991, Tymchuk 1987). This has occasionally resulted in parents taking steps to actually avoid those services that have been set up to help them in the first place (Tymchuk & Andron, 1987). Thus, parents are inadvertently cutting themselves off further from potential sources of support and help in a crisis (Whitman et al., 1989). While this may hold some initial gain for parents, it is likely to have negative consequences for both the children

and the parents in the long-term.

As long as families are preoccupied by such crises of day-to-day survival, their capacity for dealing with the demands of parenting and child development will be reduced (Espe-Scherwindt & Kerlin, 1990). Yet, it is more often than not, against these pressures and demands that their "fitness for parenthood" is judged (Booth & Booth, 1994). Therefore, from the evidence to date, it would be reasonable to suggest that steps need to be taken to alleviate some of this pressure before trying to introduce parent-training programmes which in themselves are likely to be an additional burden for those concerned.

Future work with parents with learning difficulties may benefit from developing therapeutic procedures that have been successfully used with "normal" parents. For example, while child-abusing parents have been thought to suffer from high levels of stress, recent work has suggested that it is not just the level of stress that is problematic, but their perceiving themselves as unable to cope with the stress that may increase the risk of maltreatment (Wolfe, 1985). A number of stress-management and anger-control techniques have been successfully employed with abusive parents in the past (Azar, 1984; Egan, 1983; Nomellini & Katz, 1983). There may well be a need to tailor such procedures for parents with learning difficulties who, for a number of different reasons, are likely to be under considerable pressure. It should be made apparent that parents with mild learning difficulties, which are generally those likely to parent, are similar in most respects to other parents. As Koller et al. (1983) have demonstrated, they are likely to experience similar kinds of problems as other parents, albeit to a greater

extent, as they often have fewer personal and economic resources to cope with stressful and/or difficult situations. Therefore, they are likely to benefit from similar stress-management interventions. This type of intervention may also have an indirect benefit of changing the focus away from the parenting deficits which appear to be continually reinforced. This assertion is directly related to recent arguments made by Tymchuk (1992), who suggests that professionals need to refocus their view of parents with learning difficulties. According to Tymchuk, the preoccupation of the inadequacy of parents with learning difficulties has led to a prolonged focus upon the description of negative aspects of parenting, while essentially ignoring any evidence to the contrary. The result of this may well be a self-fulfilling prophecy. Such procedures may also go some way to "normalising" some of their everyday difficulties instead of giving parents the impression that only they struggle because they have a learning difficulty. Indeed, it should be apparent to all interested parties that many parents irrespective of class, race or culture, do on occasion have difficulty with parenting.

Tailoring parent-training interventions

It has become increasingly clear that both researchers and practitioners alike need to adopt alternative strategies to working with parents with learning difficulties; strategies that are not perceived as either punitive, or threatening. If families are feeling that their every move is under scrutiny and any mistake risks negative consequences, then one cannot expect the best intended training intervention to have a positive outcome (Tymchuk, 1987).

In future, it may be more productive if parents are first consulted about what they feel would be most useful to help them cope with the parenting process. A more collaborative approach would enable parent-training interventions to be tailored in order to meet these more specific needs. After all, each family unit is likely to have a different value system. As long as this is not seen as having a detrimental affect on the child, then it should be acknowledged rather than condemned. To this extent, future projects may want to ask parents to define what the difficulties are for them, rather than deciding what a problem behaviour is. Indeed, it is possible that the parents' perception of what their difficulties are, are far removed from what others see them as being. Unless these issues are addressed, there is a danger of enforcing unattainable, and perhaps undesirable, values onto parents. In support of these assertions, Tymchuk (1992), argues that it is often a middle-class standard with which knowledge and skill among parents with learning difficulties is almost exclusively assessed. The need for more cultural appreciation would therefore, seem an important issue to raise in future developments.

Parameters of "good enough" parenting

There remains a need to define more clear parameters of "good enough" parenting, whilst acknowledging the richness and variation that occurs from family to family. As Booth and Booth (1994) have stated, "love and affection are not related to IQ".

"Good enough" or "adequate" parenting however, are vague concepts in themselves and therefore, in need of more precise definition (Brantlinger, 1988). While there is a reasonable

consensus on the specific dimensions of parenting that are important for child development (Dowdney et al. 1985), there is no agreement on what constitutes minimal acceptable standards of child care. While children are known to need care, supervision, nurture and stimulation, (Berk, 1994; Rutter, 1979), the minimal requirements defining parental competence in these skills are unspecified. Moreover, there appears to be a clear discrepancy between parent and professional perspectives of parental adequacy (Llewellyn, 1991; Walton-Allen & Feldman, 1991). This lack of consensus about ways of assessing the quality of parenting may lead practitioners and researchers alike into relying on their own subjective judgments when making decisions. This can result in inconsistencies between different observers and between different types of parenting. For example, according to Payne (1978), parents with learning difficulties are more likely to be judged as inadequate and deprived of their parental rights in comparison with, incarcerated parents or parents with mental health problems. In addition, Czukar, (1983), has pointed out that parents with labels often have to meet higher standards than others. This may place parents who come under professional scrutiny in the position of not knowing how they will be judged, and striving to meet standards that are never made explicit (Painz, 1993). It is possible that such processes contributed to the alarmingly high ratings on the "Malaise Inventory". Therefore, it may often be the case that parents with learning difficulties fall victim to an expectation of parental inadequacy made real through the decisions and actions of those with the power to intervene in their lives. To this extent, there remains a danger of enforcing unrealistic expectations onto parents. This may only

result in furthering the self-fulfilling prophecy of inadequacy for those concerned.

The real-life constraints on families where the parent or parents have learning difficulties are well known to those working in the field. Unfortunately, these constraints often exert the greatest influence over the family and the child. Yet, such ecological considerations are sometimes insufficiently appraised in programme development. Attention to special needs and considerations are of basic importance. To overcome these difficulties, interventions need to be designed to meet the demands of each family's specific lifestyle and resources. Programmes that require extensive parental resources, whether in terms of time or effort, can result in blaming the victim for failure. Such negative experiences are likely to reduce the chances of there being future successes (Bandura, 1982), with the likelihood that the child's well-being is adversely affected.

The needs of parents with learning difficulties

From the evidence to date, part of the pre-intervention process should be aimed at devising ways of reducing the pressure on parents so they are at least, given a chance to parent without fear of redress. What are the support mechanisms that need to be put in place? These are likely to vary from family to family, however, there remains a need to identify these factors if parents with learning difficulties are to be given a realistic opportunity to look after their children. Tymchuk and Andron (1990) suggest, that in order for interventions to be effective with parents with learning difficulties, they need to be carefully developed to the specific needs of the family and integrat-

ed into the total context of the training intervention.

McGaw and Sturmey (1993) have attempted to identify the needs of parents with learning difficulties and while they support the implementation of a preventative model, they suggest that this alone will not adequately compensate for the deficits that many parents with learning difficulties have. Agencies, they argue, will need to: (i) offer appropriate teaching and support packages, (ii) develop assessment procedures which focus on the parents' present ability as well as health, and also a measure of the child's care and development, and (iii) provide continuing support which will necessitate multi-agency networking.

Conclusions and implications for the future

In concluding, it should be evident that parents with learning difficulties have the potential to both, acquire and maintain knowledge of basic behavioural principles as they apply to children (Bakken, 1993; Feldman, 1989). How this information is assimilated and transferred into actual skills however, remains less clear. Similarly, evidence for the generalisation of new knowledge remains elusive. Of particular interest from the present work is the parent-child relationship, and how this may be affected by parent-training interventions. This relationship is something that needs to be acknowledged by practitioners and researchers alike in the future. Professionals acting in the best interests of the child need to look more closely at how their presence affects the parent-child relationship. Even the best intended parent-training intervention may have an undesirable effect on the family (Tymchuk, 1987).

The present research also suggests that stress among parents

with learning difficulties is relatively high. Future efforts are therefore, needed to identify the main causes of stress for these families. This is something that needs to be alleviated before parent-training can have its maximum impact on the family. Stress-management approaches have been shown to be useful in the past for parents without learning difficulties (Azar, 1984; Egan, 1983; Nomellini & Katz, 1983); there is no reason why the same principles cannot be tailored to meet the needs of parents with learning difficulties.

While short-term interventions have an important role to play in identifying particular weaknesses and trying to empower parents, they are unlikely in themselves to produce long-term changes. To some extent, that is not what they are designed to achieve. For example, the needs of children differ with age; parenting skills for the pre-school child are unlikely to be relevant for the twelve year old or the teenager. Parenting is a long-term process. The need therefore, for continuous intermittent support and guidance would appear to be the most constructive way forward if preventative modes of practice are to be effectively administered. While interventions of this nature may appear costly in pure economic terms, they may turn out to be more cost-effective in the long run. For example, it has long been argued that "Preventative work undertaken with under-fives and their families can reduce the waste of expensive resources at a later stage, when the need to cope with the consequences of family stress and breakdown becomes more apparent and urgent" (Central Policy Review Staff, 1978).

Although progress has been made with parents with learning difficulties, some important goals are still not being adequately

met by training interventions. The most successful programmes to date are those that involve a conceptually based systematic assessment of family need and then attempt to assist the family in meeting those needs even if the parental goals do not match those set by the professional intervention team (Blechman et al, 1984, 1989; Dangel & Polster, 1984). There is every likelihood that this population is going to increase in the future. This will inevitably result in a large increase in the expenditure of professional time and effort. It is important therefore, for both service providers and consumers, that more long-term systematic intervention strategies are examined and evaluated so that further insight into working with parents with learning difficulties can be gained. Only strategies of this nature will allow researchers to adequately assess programme impact on the development of the children in question.

AN INSTRUMENT TO MEASURE KNOWLEDGE OF BEHAVIOURAL PRINCIPLES
AS APPLIED TO CHILDREN
(Adapted Version - Furtkamp et al. 1982)

(1) Probably the most important idea to keep in mind when first changing a particular behaviour is:

- * To use both reward and punishment _____
- * To reward every time the desired behaviour occurs _____
- * To be flexible about whether or not you reward _____
- * To be sure the child understands why you want the behaviour to change _____

(2) Which of the following is most effective in getting a child to do homework?:

- * "When you finish your homework you can watch TV." _____
- * "You can watch this show if you promise to do your homework when the show is over." _____
- * "If you don't do your homework tonight, you can't watch TV tomorrow." _____
- * Explain the importance of schoolwork and the dangers of putting things off. _____

(3) A good rule to remember is:

- * Do not reward with money if possible _____
- * Catch a child doing something right _____
- * Reward good behaviour and always punish bad _____
- * Punishment is always necessary _____

(4) A father is teaching his son to hit a ball with a bat. Which of the following methods will help his son?:

- * Let him try to hit the ball without saying anything, so the child can learn on his own _____
- * Occasionally tell him what he is doing wrong _____
- * Occasionally tell him what he is doing right _____
- * Tell him almost every time he does something right _____

(5) If you want your child to develop proper study habits, you should:

- * Encourage him to do his homework _____
- * Help him to see school as pleasant _____
- * Reward him whenever he studies _____
- * Give him good reasons why he will need school _____

(6) A child often cries over any small matter that bothers her.

How should her parents react to best reduce her crying?

- * Reward when she reacts without crying _____
- * Use a mild punishment when she cries _____
- * Try to find out what is really troubling the child
and deal with that _____
- * Provide her with something interesting so she will
stop crying _____

(7) A mother discovered that spanking her son for using naughty words did not seem to make any difference. A friend suggested that rather than spanking him she should send him to be by himself. The room he is sent to should be:

- * His own room, so he will still have something to do _____
- * Small and dark _____
- * As uninteresting as possible _____
- * A large room _____

(8) Which reward is probably best to help a 12 year old child improve his mathematical skills?

- * 50 pence for each evening he studies _____
- * 10 pence for each sun he works correctly _____
- * 1 pound for each "A" on his report _____
- * A bicycle for passing his maths at the end of the year _____

(9) How should a mother react when she hears her son using bad language?

- * Wash the child's mouth out with soap _____
- * Ignore the child when they use bad language _____
- * Tell the child how bad he is and how she doesn't
like him when he uses those words _____
- * Explain why such words are not used _____

(10) If you want to make a behaviour a long lasting habit you should:

- * Reward it every time _____
- * First reward it every time and then reward occasionally _____
- * Promise something the child wants very much _____
- * Give several reasons why it is important and remind the
child of the reasons often _____

_____ v _____

Key to questions

- | | |
|---------|----------|
| (1) = B | (6) = A |
| (2) = A | (7) = C |
| (3) = B | (8) = B |
| (4) = D | (9) = B |
| (5) = C | (10) = B |

APPENDIX - B

Behavioural Knowledge Data

Group A	(Baseline) Phase 1	(t1) Phase 2	(t2) Phase 3
S1	4	9	7
S2	3	8	8
S3	5	9	6
S4	2	8	8
S5	2	8	8
S6	3	8	8
S7	5	10	10
S8	1	8	8
Tot.	<u>25</u>	<u>68</u>	<u>63</u>
Mean	3.125	8.5	7.875

Group B			
S1	3	4	9
S2	5	5	9
S3	5	5	7
S4	4	4	8
S5	4	3	9
S6	1	3	10
S7	4	3	9
S8	4	4	8
Tot.	<u>30</u>	<u>31</u>	<u>69</u>
Mean	3.75	3.875	8.625

Group C			
S1	3	4	4
S2	4	4	4
S3	2	2	3
S4	5	5	5
S5	4	4	4
S6	4	3	3
S7	2	3	3
S8	1	3	3
S9	5	5	4
S10	1	2	2
Tot.	<u>31</u>	<u>35</u>	<u>35</u>
Mean	3.1	3.5	3.5

Behavioural Knowledge Analysis

ANOVA TABLE: 2-WAY MIXED DESIGN.

SOURCE	DF	MS	F
BETWEEN SUBJECTS			
VARIABLE A	2	65.1167	29.4821
ERROR A*S	23	2.2086	
WITHIN SUBJECTS			
VARIABLE B	2	72.5363	89.93699
* B	4	34.0942	42.2731
ERROR B*A*S	46	.8065	
TOTAL	77		
R F >= 29.4821 [D.F.= 2 AND 23], PROBABILITY IS 0			
R F >= 89.93699 [D.F.= 2 AND 46], PROBABILITY IS 0			
R F >= 42.2731 [D.F.= 4 AND 46], PROBABILITY IS 0			

Section 2: Behaviour Problem Index

Case No: _____ , _____ , _____ ,

Card No: _____ , _____ ,

Here is a list of behaviours which are often seen in children. Does N still have any problems with the following?

1. Poor AppetiteDoes N have a good appetite?

- 0. Usually has a good appetite
- 1. Sometimes has a poor appetite
- 2. Nearly always has a poor appetite

_____ 6

2. Faddy EatingDoes N have any fads about food?

- 0. Not faddy about eating
- 1. Has a few fads - won't eat certain things
- 2. Very faddy - won't eat many different foods

_____ 7

3. Soiling (in the past 4 weeks)How often has N soiled in the past four weeks?

- 0. Never - completely bowel trained
- 1. Occasionally soils - up to once or twice a week
- 2. Soils three times a week or more

_____ 8

4. Going to bed/to sleepIs N difficult to settle at bedtime?

- 0. Problems less than once a week
- 1. Problems once or twice a week
- 2. Problems three times a week or more and often takes more than 1 hour to settle

_____ 9

5. Waking at nightDoes N wake during the night?

- 0. No problems - less than once a week
- 1. Sometimes wakes at night - once or twice a week
- 2. Frequently wakes at night - three times a week or more and difficult to re-settle

_____ 10

6. Sleeping in parents' bed

Does N ever sleep in your bed?

- 0. Never sleeps with parent
 - 1. Occasionally sleeps with parent - all night once a week, or less often for a couple of hours only
 - 2. Frequently - all or most of the night twice a week or more
- _____ 11

7. Medication

Does N take sleeping tablets or sedatives at night?

- 0. Never
 - 1. Occasionally
 - 2. Frequently/most nights
- _____ 12

8. Dependency

Is N reasonably independent or does he/she cling a lot?

- 0. Reasonably independent
 - 1. Some dependency - upset if left
 - 2. Marked dependency - cannot be left
- _____ 13

9. Attention-seeking

Does N keep asking for attention?

- 0. Rarely demands undue attention
 - 1. Sometimes demands undue attention
 - 2. Continually asking for attention
- _____ 14

10. Management

Is N easy to manage?

- 0. Easy to manage and discipline
 - 1. Sometimes difficult or hard to discipline
 - 2. Long or frequent periods nearly every day when difficult to manage or discipline
- _____ 15

11. Tantrums

Does N have temper tantrums?

- 0. No tantrums/difficult behaviour
 - 1. Brief tantrums lasting for a few minutes, one or two a day
 - 2. Frequent tantrums, three a day or more or lasting more than 15 minutes
- _____ 16

12. Mood

Is N usually a happy child?

- 0. Usually happy
- 1. Sometimes miserable/irritable for periods less than 1 hour on most days or longer periods once or twice a week
- 2. Frequently miserable/irritable most days 3 times per week or more

_____ 17

13. Activity

How active is N ?

- 0. Not markedly active
- 1. Very active
- 2. Hyperactive - sits still usually for five minutes or less
- 3. Underactive - spends most of the day unoccupied

_____ 18

Interviewer: Code '0' for child who is not mobile

14. Concentration

Can N amuse him/herself? Will he/she stick at things?

- 0. Concentrates well
- 1. Concentration variable or very variable
- 2. Finds it very hard to concentrate

_____ 19

15. Relationships with Siblings

How does N get on with his/her brothers and sisters?

- 0. Trivial or no difficulties
- 1. Some difficulties - disrupts activities of siblings
- 2. Marked difficulties - gets on badly with siblings

_____ 20

Interviewer: Code '0' for child with no brothers or sisters

16. Relationships with Peers

How does N get on with his/her friends?

- 0. Trivial or no difficulties
- 1. Some difficulties
- 2. Marked difficulties - finds it difficult to play with other children

_____ 21

Interviewer: Code '0' for child with no opportunity to play with others

17. Worries

Is N a worrier?

(A worry is apprehension about something that may happen)

- 0. Never or rarely worries
 - 1. Some worries for brief periods
 - 2. Many different worries or worries for long periods
- _____ 22

18. Fears

(A fear is apprehension about something thought to be present or actually present)

Has N any fears? e.g. dogs, loud noises?

- 0. Few or no fears
 - 1. Has some fears
 - 2. Very fearful - has lots of different fears
- _____ 23

19. Rituals

Does N have any rituals - things being done in a certain order? Gets upset if things are touched?

- 0. No rituals
 - 1. Some brief rituals
 - 2. Many prolong rituals
- _____ 24

20. Habits

Does N have any of the following habits?

- 0. Never
- 1. Usually less than 20 minutes per day
- 2. Usually for 20 minutes per day or more

- Headbanging? _____ 25
- Rocking? _____ 26
- Picking, pulling, scratching - hair, skin or nails? _____ 27
- Sucking thumb or fingers? _____ 28
- Biting nails? _____ 29
- Sucking other objects? _____ 30
- Making irritating noises? e.g. growling, humming, giggling _____ 31
- Nervous movements - blinking, pulling faces, grinding teeth, licking or biting lips? _____ 32
- Using objects for twiddles? _____ 33
- Play with self down below? _____ 34

21. Overall rating of habits

- 0. No habits
- 1. 1-3 habits sometimes or 1 frequent habit
- 2. 2 or more frequent habits or 4 or more habits altogether _____ 35

22. Difficult behaviour

Does N do any of the following more than you would expect?

- 0. Never
- 1. Sometimes
- 2. At least once a week

- Run away or attempt to run away _____ 36
- Spit _____ 37
- Use toilet inappropriately e.g. stuffs down paper or other objects _____ 38
- Shout and scream _____ 39
- Aggressive gestures _____ 40
- Hoard or take other peoples' belongings _____ 41
- Take off clothes at awkward or inappropriate times _____ 42
- Behave inappropriately to people outside the family
- kissing strangers, sucking peoples' clothing _____ 43
- Interfere with other peoples' belongings _____ 44
- Play with matches/fires _____ 45
- Destructive behaviour _____ 46
- Scatter or throw objects around _____ 47
- Eat things which aren't food e.g. coal _____ 48

Overall rating of difficult behaviour

- 0. Never
- 1. 1-3 sometimes or 1 at least once a week
- 2. 2 or more at least once a week or 4 or more altogether _____ 49

23. Frequency of irritability

How often do you get irritable with N?

- 0. Never
- 1. Once per week or less
- 2. 2 - 6 times per week
- 3. Daily
- 4. More than daily _____ 50

24. Frequency of smacking

How often do you punish N by smacking?

- 0. Never
- 1. Once per week or less
- 2. 2 - 6 times per week
- 3. Daily
- 4. More than daily

_____ 51

25. Feared loss of control

Are you ever afraid of losing control?

- 0. No loss of control feared
- 1. Sometimes fears losing control
- 2. Frequently fears losing control
- 3. Occasionally does lose control
- 4. Often loses control

_____ 52

53 - 80 Blank

APPENDIX - E

Problem Behaviour Data

Group A	(Baseline) Phase 1	(t1) Phase 2	(t2) Phase 3
S1	31	20	24
S2	33	33	34
S3	19	20	20
S4	29	20	19
S5	25	33	28
S6	38	34	34
S7	16	12	18
S8	32	20	23
Tot.	223	192	200
Mean	27.875	24	25
Group B			
S1	22	22	19
S2	25	25	26
S3	25	23	18
S4	17	17	18
S5	19	21	17
S6	34	32	29
S7	19	17	15
S8	28	27	18
Tot.	189	184	160
Mean	23.625	23	20
Group C			
S1	28	28	24
S2	22	28	28
S3	29	29	23
S4	19	20	20
S5	13	12	12
S6	18	18	14
S7	31	31	28
S8	24	23	23
S9	17	17	17
S10	26	27	25
Tot.	227	233	214
Mean	22.7	23.3	21.4

Problem Behaviour Analysis

ANOVA TABLE: 2-WAY MIXED DESIGN.

SOURCE	DF	MS	F
BETWEEN SUBJECTS			
VARIABLE A	2	93.06569	.9206
ERROR A*S	23	101.089	
WITHIN SUBJECTS			
VARIABLE B	2	43.4577	6.2023
* B	4	15.7523	2.2482
ERROR B*A*S	46	7.0066	
TOTAL	77		
R F >= .9206 [D.F.= 2 AND 23], PROBABILITY IS .4124			
R F >= 6.2023 [D.F.= 2 AND 46], PROBABILITY IS .0041			
R F >= 2.2482 [D.F.= 4 AND 46], PROBABILITY IS .0783			

Parent-Child Relationship Questionnaire

The instrument consists of 22 bi-polar items. The response mode consists of placing oneself at a point along a seven-point scale for each item. Each item consists of a rating from 1 to 7. The total score is computed by adding together the 22 item scores - range 0 - 154.

The 22 items are divided into 4 sub-scales:-

A: Self-concept (6 items - 1, 3, 11, 12, 14 17)

B: Feelings about child (7 items - 2, 5, 8, 9, 10, 15, 20,)

C: Judgments about child's capabilities (4 items - 13, 16, 18, 22)

D: Interactions with professionals and others (5 items - 4, 6, 7, 19, 21)

(Judson & Burden, 1980)

APPENDIX - H

Parent-Child Relationship Data

Group A	(Baseline) Phase 1	(t1) Phase 2	(t2) Phase 3
S1	114	92	102
S2	117	99	104
S3	108	94	88
S4	109	87	89
S5	123	111	109
S6	98	101	92
S7	102	94	91
S8	101	86	88
Tot.	872	764	763
Mean	109	95.5	95.375
Group B			
S1	102	99	92
S2	98	101	100
S3	121	104	98
S4	108	98	92
S5	112	111	98
S6	92	81	80
S7	90	82	81
S8	101	102	106
Tot.	824	778	747
Mean	103	97.25	93.375
Group C			
S1	104	107	108
S2	112	116	111
S3	123	122	116
S4	98	94	88
S5	99	101	107
S6	122	123	129
S7	101	109	105
S8	99	111	98
S9	126	122	118
S10	131	133	126
Tot.	1115	1138	1106
Mean	111.5	113.8	110.6

Parent-Child Relationship Analysis

ANOVA TABLE: 2-WAY MIXED DESIGN.

SOURCE	DF	MS	F
BETWEEN SUBJECTS			
VARIABLE A	2	1487.679	5.108
Error A*S	23	291.2391	
WITHIN SUBJECTS			
VARIABLE B	2	439.2522	20.8037
* B	4	155.3403	7.3571
Error B*A*S	46	21.1141	
TOTAL	77		
R F >= 5.108 [D.F.= 2 AND 23], PROBABILITY IS .0145			
R F >= 20.8037 [D.F.= 2 AND 46], PROBABILITY IS 0			
R F >= 7.3571 [D.F.= 4 AND 46], PROBABILITY IS 0			

APPENDIX - J

Health Questionnaire

Case No:

Interviewer: Give Health Questionnaire to informant.

1. Now, could you please complete this for me. It's about particular problems you might have had with YOUR health in the last few weeks. Just RING 'Yes' or 'No' for each question.

HEALTH QUESTIONNAIRE

Do you often have backache?	YES	NO	_____ 6
Do you feel tired most of the time?	YES	NO	_____ 7
Do you often feel miserable or depressed?	YES	NO	_____ 8
Do you often have bad headaches?	YES	NO	_____ 9
Do you often get worried about things?	YES	NO	_____ 10
Do you usually have great difficulty in falling asleep or staying asleep?	YES	NO	_____ 11
Do you usually wake unnecessarily early in the morning?	YES	NO	_____ 12
Do you wear yourself out worrying about your health?	YES	NO	_____ 13
Do you often get into a violent rage?	YES	NO	_____ 14
Do people often annoy and irritate you?	YES	NO	_____ 15
Have you at times had a twitching of the face, head or shoulders?	YES	NO	_____ 16
Do you often suddenly become scared for no good reason?	YES	NO	_____ 17
Are you scared to be alone when there are no friends near you?	YES	NO	_____ 18
Are you easily upset or irritated?	YES	NO	_____ 19
Are you frightened of going out alone or of meeting people?	YES	NO	_____ 20
Are you constantly keyed up and jittery?	YES	NO	_____ 21
Do you suffer from indigestion?	YES	NO	_____ 22
Do you often suffer from an upset stomach?	YES	NO	_____ 23
Is your appetite poor?	YES	NO	_____ 24
Does every little thing get on your nerves and wear you out?	YES	NO	_____ 25

Does your heart often race like mad?	YES	NO	_____ 3
Do you often have bad pains in your eyes?	YES	NO	_____ 3
Are you troubled with rheumatism or fibrositis?	YES	NO	_____ 3
Have you ever had a nervous breakdown?	YES	NO	_____ 3

2. At present, thinking about your life generally, can you rate how stressed you feel?

1	2	3	4	5	6	7		
Not at all stressed			In between		Very Stressed			_____ 3

3. Here is a picture of a ladder. If the top of the ladder represents the best possible life for you, and the bottom represents the worst possible life, on which step on the ladder do you think you stand at the present time?

10
9
8
7
6
5
4
3
2
1

THANK YOU VERY MUCH FOR YOUR HELP

--- ooOOoo ---

APPENDIX - K

Stress Rating Data

Group A	(Baseline) Phase 1	(t1) Phase 2	(t2) Phase 3
S1	9	10	8
S2	12	12	9
S3	10	10	8
S4	6	9	9
S5	8	10	8
S6	9	12	8
S7	5	10	10
S8	11	10	8
Tot.	<u>70</u>	<u>83.</u>	<u>68</u>
Mean	8.75	10.375	8.5

Group B			
S1	6	6	9
S2	5	5	6
S3	5	5	6
S4	7	7	8
S5	9	9	9
S6	4	5	10
S7	9	9	9
S8	8	5	8
Tot.	<u>53</u>	<u>51</u>	<u>65</u>
Mean	6.625	6.375	8.125

Group C			
S1	8	8	7
S2	7	8	8
S3	9	9	9
S4	9	10	10
S5	10	9	9
S6	8	9	9
S7	8	8	8
S8	4	3	3
S9	7	7	7
S10	6	7	5
Tot.	<u>76</u>	<u>78</u>	<u>75</u>
Mean	7.6	7.8	7.5

Health Rating Analysis

ANOVA TABLE: 2-WAY MIXED DESIGN.

SOURCE	DF	MS	F
BETWEEN SUBJECTS			
VARIABLE A	2	32.2503	4.7584
ERROR A*S	23	6.7775	
WITHIN SUBJECTS			
VARIABLE B	2	1.8969	1.4886
* B	4	7.4329	5.833
ERROR B*A*S	46	1.2742	
TOTAL	77		
R F >= 4.7584 [D.F.= 2 AND 23], PROBABILITY IS .0186			
R F >= 1.4886 [D.F.= 2 AND 46], PROBABILITY IS .2363			
R F >= 5.833 [D.F.= 4 AND 46], PROBABILITY IS 0			

What's it like to be a parent?

Have you wondered what it is like to be a parent?

Well, this book will help you to find out.

You will learn about childrens' needs.

You will be given lots of ideas on how to cope as a parent.



Are you ready?

It's great having a baby. It is also very hard work.

Before you decide to have a baby find out what it is like to be a parent first.

You could ask another parent.



CHILDREN'S NEEDS

Most people don't know much about being a parent, until they have a baby of their own. A good place to start is to learn about children's needs.

Children have lots of needs. Giving children all that they need can be hard work. Children are like small flowers. If they are looked after carefully, they will grow-up to be healthy and strong.

Children will be sick and unhappy if their parents don't care for them properly. When this happens somebody else may have to look after them.



CHILDREN NEED:

HEALTHY
FOOD

TO BE CLEAN,
HEALTHY
AND WARM

TO BE
SAFE

TO
LEARN
NEW
THINGS

TO
LEARN
RIGHT
FROM
WRONG

TO BE
LOVED

CHILDREN NEED HEALTHY FOOD



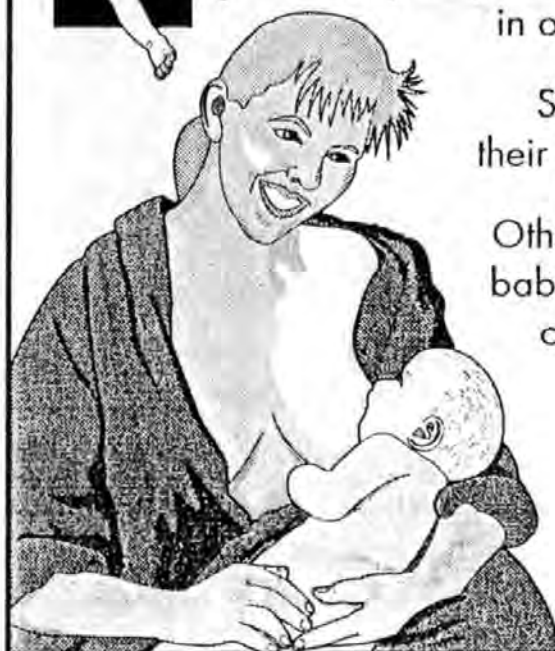
New babies

When babies are first born they only need milk.

They may need as many as 6 to 12 feeds in one day and night.

Some mums give their babies breast milk.

Other mums give their babies powdered milk called 'formula'.



4 months old

When babies are about 4 months they will need other food as well as milk.

When babies start to eat this is called 'weaning'. They will only be able to eat foods that are smooth to eat.

Babies cannot eat hard, lumpy foods at first.



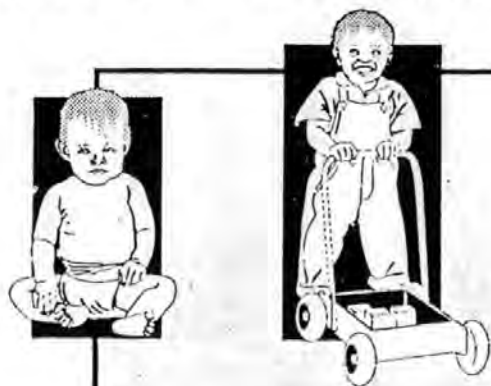
Do not give foods which might choke a baby.

Their food MUST NOT have any:

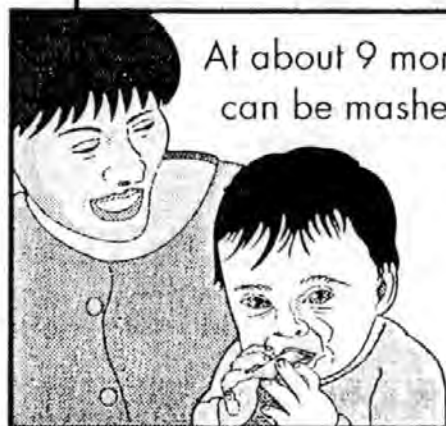
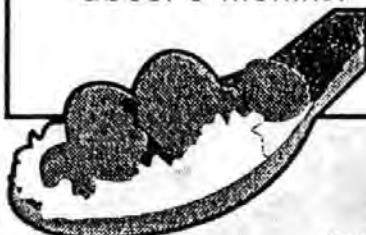
**Hard lumps
Bones
Pips
Stones
Seeds
Skins
Nuts**

CHILDREN NEED HEALTHY FOOD

About 6 – 12 months old



Babies can eat different foods when they are about 6 months.

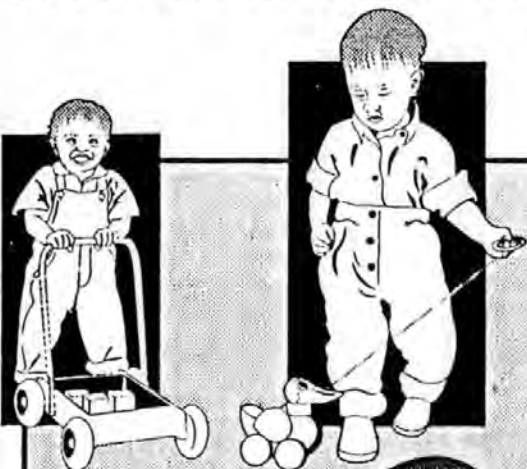


At about 9 months their food can be mashed or chopped into little bits.

Help them to feed with their fingers.

Babies should NEVER be left alone when they are eating or drinking. They might choke.

About 12 months – 2 years old



Babies can eat some of the things that mums and dads eat. Their food will still be cut into small bits. Help them to feed themselves using a spoon. They will need less breast milk or formula. Give them **FULL CREAM** cow's milk (silver top) to drink.

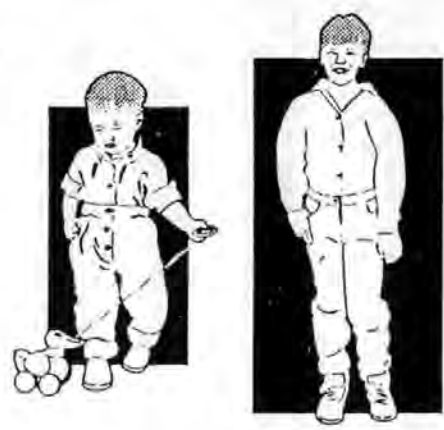
Also, cooled boiled water and baby fruit juices.



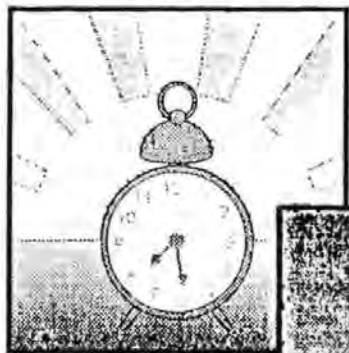
children 2 years and older

CHILDREN NEED

3 meals every day
at least one hot meal a day



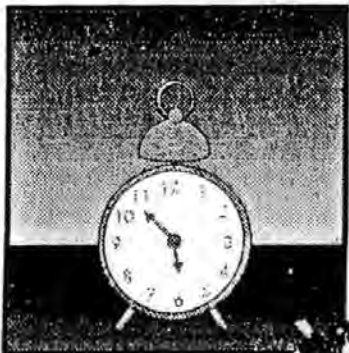
a breakfast in the morning



a meal
in the middle
of the day

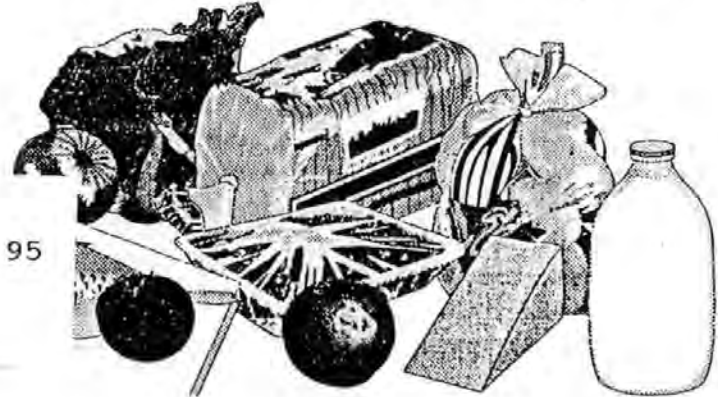


tea in the evening



different kinds
of food

plenty of healthy foods like:
milk, meat, fruit, vegetables and bread
one pint of FULL CREAM cow's milk (silver top) every day



CHILDREN NEED TO BE CLEAN, HEALTHY AND WARM

It's the parent's job to keep their child clean and warm.
Children need clean and warm bodies.
They need clean and warm clothes.
Also, clean and warm houses.

1. Children need **CLEAN BODIES** to stay healthy.
Children can get tummy bugs or itchy skin
when they are dirty.
Also, they get sick if they have dirty bodies.



2. Children need **CLEAN CLOTHES**.
They can get itchy skin from wearing
dirty clothes.
It is easier for children to make friends
when they look clean.



CHILDREN NEED TO BE CLEAN, HEALTHY AND WARM

3. Children need to be **KEPT WARM**.

They will be sick if they are cold. They get runny noses and colds.

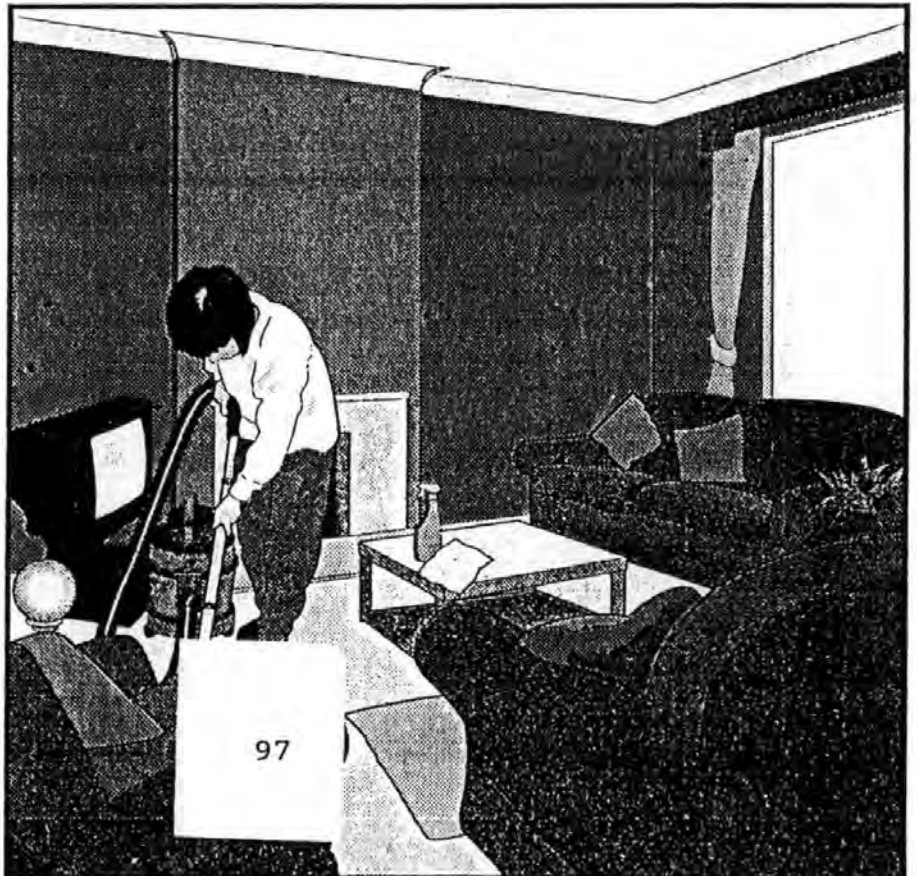


4. Parents need to keep their **HOUSE CLEAN** and **WARM**.

When a house is dirty it smells. Friends won't want to visit.

Dirt in the house can make you sick.

Cold houses make children unhappy.



CHILDREN NEED TO BE SAFE

It's the parent's job to make sure that their child is safe.
Children need to be looked after all the time.
When children get older their parents should know where they are.
There are lots of dangers inside the house.

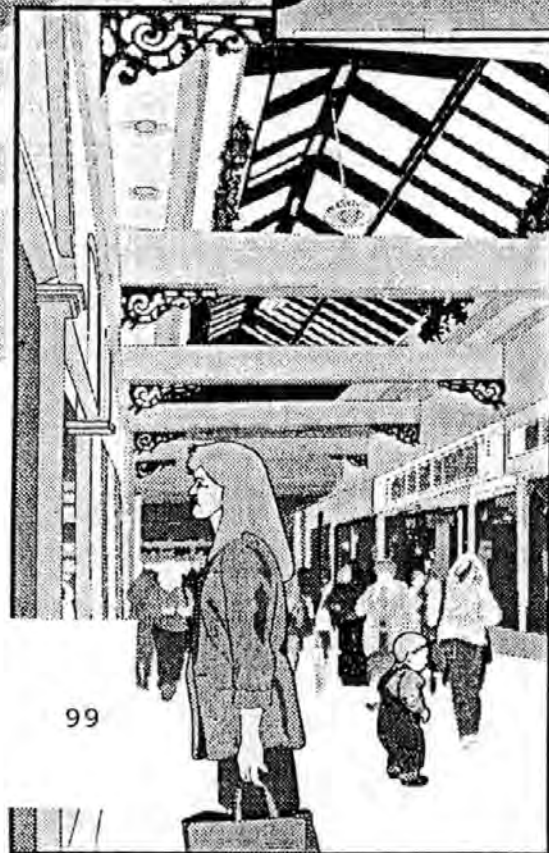
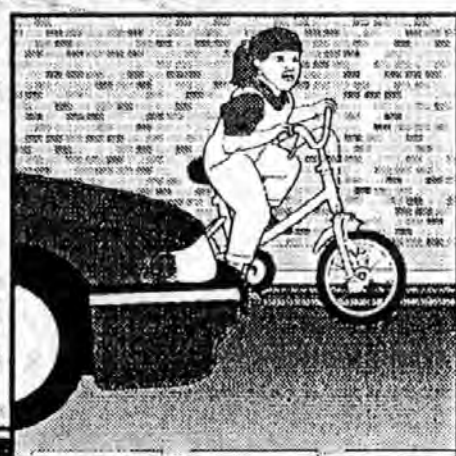
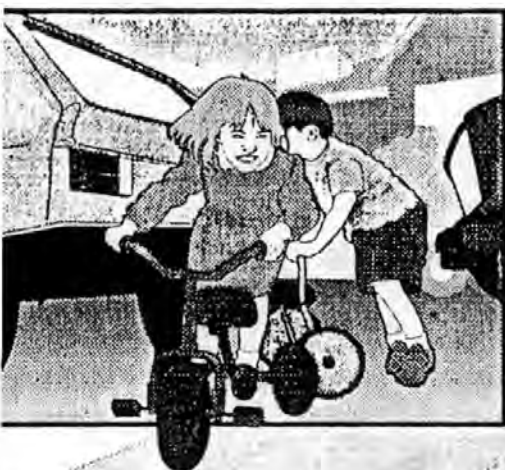
Can you spot the dangers in the picture?



CHILDREN NEED TO BE SAFE

There are lots of dangers **OUTSIDE** the house.

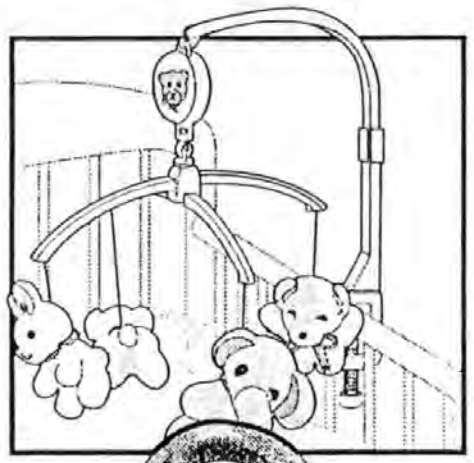
Can you spot the dangers
in the picture?



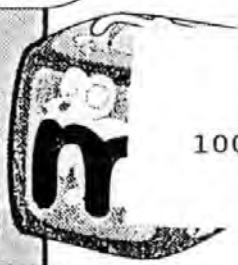
CHILDREN NEED TO LEARN



Babies and children need to do different things during the day. They like to learn. If they don't try new things they stop learning. They will be bored. Parents should help children to do things outside the house.



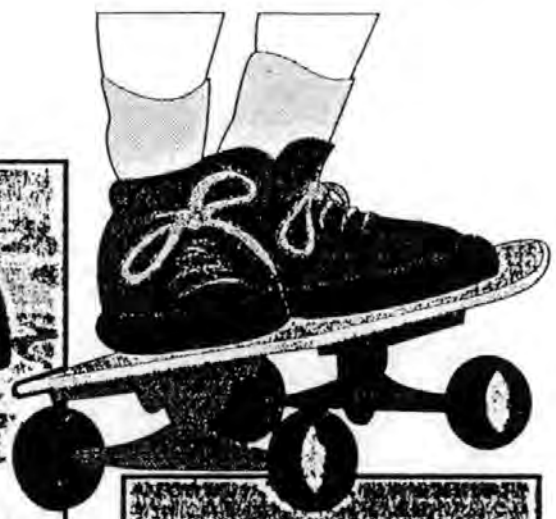
Hush little baby. Don't you cry.



CHILDREN NEED TO LEARN

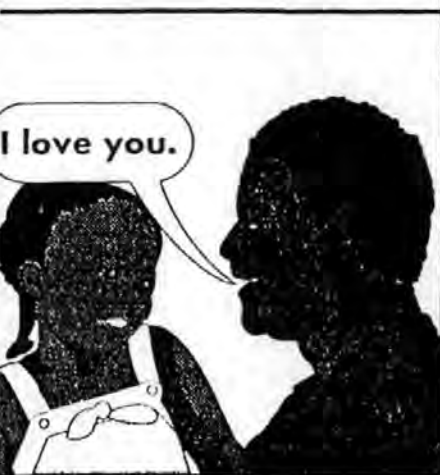


CHILDREN NEED TO LEARN

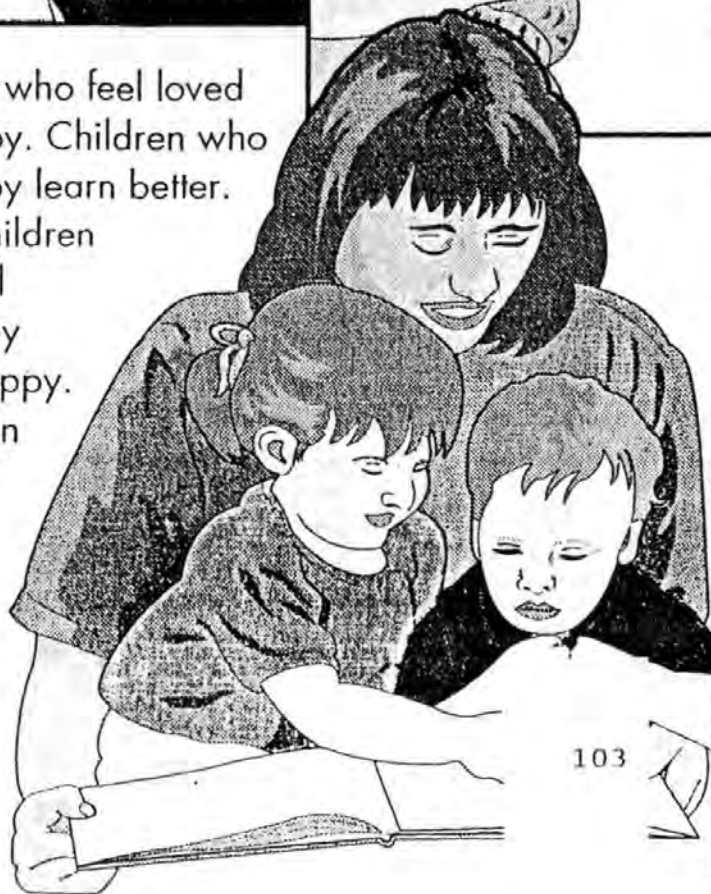


CHILDREN NEED LOVE

Children can't always tell us what they need.
Children need to know that we care about
them and the things that they do.
Parents can show their love.



Children who feel loved
are happy. Children who
are happy learn better.
When children
don't feel
loved they
are unhappy.
They often
behave
badly
as well.



CHILDREN NEED TO LEARN RIGHT FROM WRONG

Parents need to teach their children how to behave.

When parents do this they are showing their child that they love them.

Children need to learn **RIGHT FROM WRONG**.



Parents have to remember to:

Keep calm

ying

hildren good behaviour

104 children about lots of different things

children for the good things they do

Ask for help if they get stuck.

HOW DO PARENTS' COPE

Many parents enjoy their new baby. But babies can be hard work. Parents cope by not trying to do too much. They do what they can.

This means that they look after themselves as well as the baby.

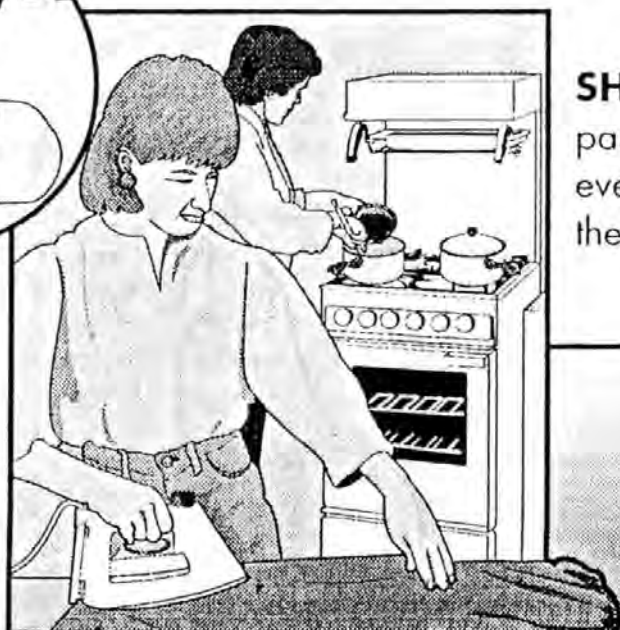
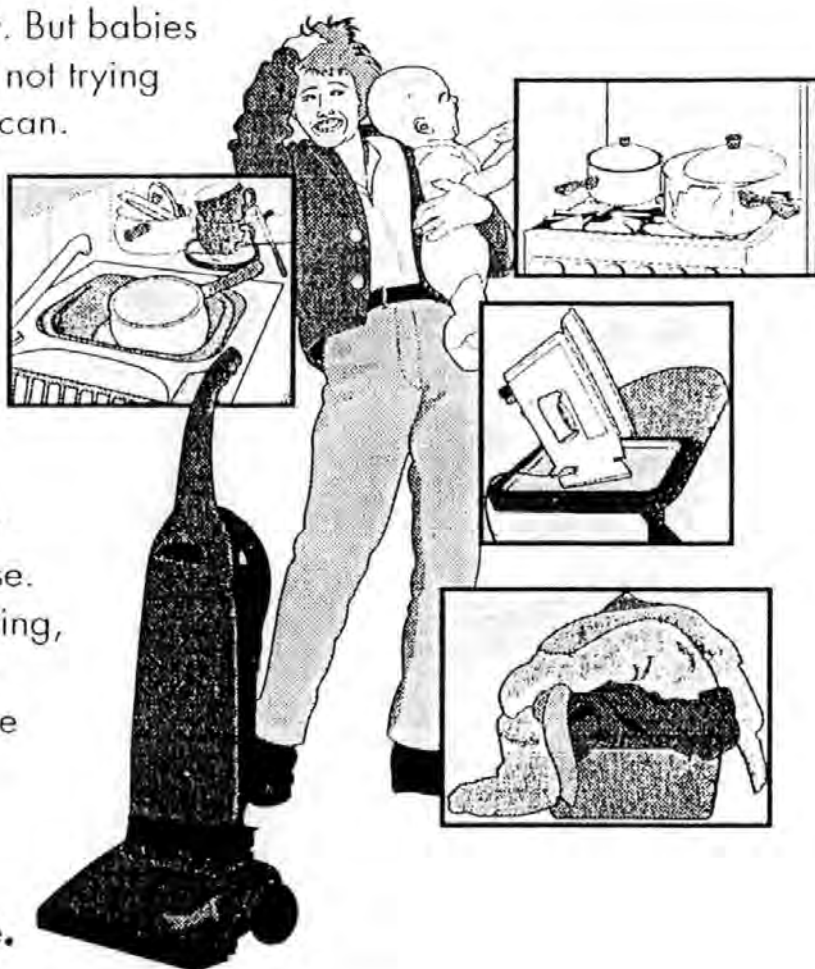
They can be happy even when they are feeling tired.

Parents cope by:

HAVING ROUTINES

Parents need to work out when they are able to do jobs around the house. Some jobs can be done in the morning, some in the afternoon, others in the evening. Some jobs need to be done every day. Some once or twice a week. Parents need to remind themselves to do these jobs.

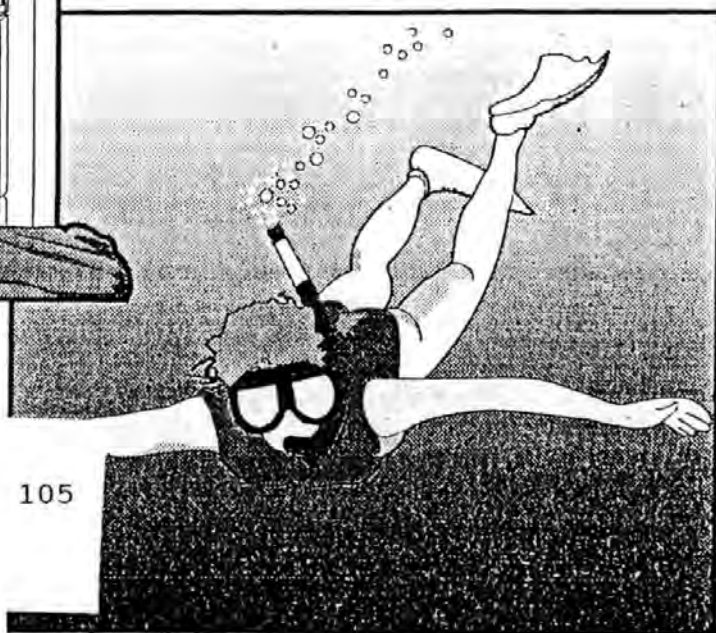
This is called having a routine.



SHARING the work with their partner or somebody else. In the evenings parents need to plan their jobs for the next day.

HAVING TIME TO THEMSELVES

Parents need to eat healthy meals. They need rest-time and sleep-time. They also need to do things just for fun.



HOW DO PARENTS' COPE

TIME WITH THEIR PARTNER

People need time to be alone
with their partner or with
other people.

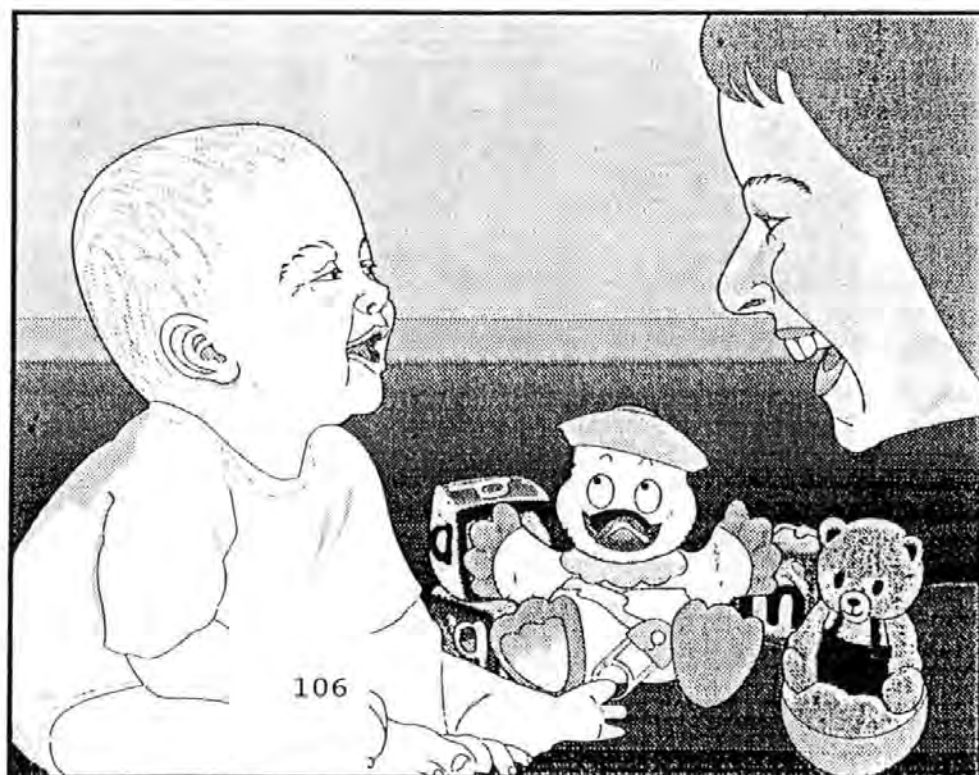
**DON'T FORGET,
SOMEONE HAS
TO LOOK AFTER
THE BABY.**



TALKING with other parents.
Parents often meet lots of
other mums at health centres
and nursery groups. Many
of our friends and family are
parents as well.

ASKING for help.
Parents shouldn't be
afraid to ask for help.
They can always talk
to their doctor or health
visitor about things
which worry them.

PLAYING
Parents will
need time just
to enjoy being
with their baby.



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