Parent Classes in Precise Behavior Management

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Strategies for Developing Parent Classes

While at the University of Kansas, we learned from Ogden R. Lindsley and his students something about the techniques and tools of what they came to call precision teaching. In particular, we observed their attempts to instruct the fathers of retarded children to use the tools of precision teaching in dealing with some of their children's behaviors at home (Lindsley, 1966).

Shortly after we moved to Nashville, Martha Stone, a teacher at the Clover Bottom State Hospital Day Care Center, asked if we would help her and her aide, Anne Boyd, start a parent class. We agreed to be precision teaching “advisors” to the parents and teachers of Martha’s class.

A parent class should be child centered. Neither of us were trained clinical psychologists nor had we had related courses in social work. Not knowing any better, then, we assumed a parent class should serve as a means of improving the behavior of retarded children.

A parent group should produce precise records. We knew daily recording and charting provide important feedback to the teachers and parents regarding their successes or failures. Behavior charts also generate plans for changing behavior. Behavior charts kept by the parents can also serve as a focus for discussion during group meetings, for it is generally difficult to discuss specific behavior problems if relevant data are not available.

Teachers should be participants in parent classes. We also insisted from the start that the day care center teachers should be active participants in the parent classes. The rationale was twofold. First, a child’s parents and teachers know considerably more about him than the advisors ever will. Therefore, we decided that the parents and teachers were to be the experts on behavior problems and on possible techniques for effecting behavior changes in their respective children. We, as advisors, would provide the parents and teachers with tools to manage their children’s behavior more effectively. Secondly, with active involvement of the teachers, parents and teachers could share information to their mutual advantage during these meetings. This is especially important when the children involved are severely retarded individuals, since teachers’ goals are frequently social, self-help, and preacademic in nature; and the behaviors being developed have to be extended and maintained in the home environment.

Advisor’s role should decrease in importance. A central prejudice with which we began was that the role of the advisor should evolve from provider of tools to that of discussion leader during meetings and, finally, from class leader to occasional consultant. A major program goal, therefore, was to decrease the advisor’s contribution to group cohesiveness.

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Roles of advisors and participants should be delineated. In our class discussions, we distinguished between behavior building and maintenance of already established behaviors. An example of behavior building would be helping a child learn to button his clothing. This would involve designing a series of steps which would lead to acquiring more and more of the fine motor skills involved in buttoning—i.e., going from buttoning large buttons on a garment worn by a model ultimately to buttoning small buttons on a garment worn by the child himself. Maintenance of an already established behavior would involve getting a child either to continue buttoning or to increase his frequency of buttoning.

The class observed that the skills involved in successful behavior building were often more subtle than those required for successful implementation of maintenance procedures. As a result, behavior building is more difficult to instruct and assess, particularly when instruction through direct modeling with the child is not a likely option. We, therefore, defined the primary role of teachers and therapists to be that of shapers and builders of new, desirable forms of behaviors. The parents, then, were to carry primary responsibility for maintaining and accelerating those behaviors developed in school. This is not to say parents can’t or haven’t developed skills in building behavior; it’s only to point
Instruction of Parents

out that behavior building was not one of our primary instructional goals for parents.

1. **First meeting.** In developing a parent class, the first meeting is the most fragile point in the sequence. A parent's attendance at an introductory meeting by no means commits him to future attendance. It is at this point that the advisor must draw on his salesmanship skills to get parents back for the next meeting and, more importantly, to begin recording the frequency of one of his child's behaviors at home. Therefore, most of the first session is spent explaining the underlying philosophy of the parent class, dispelling ideas that retarded children are permanently limited in their behavior potential, and stressing with examples the success others have experienced in helping youngsters through using precise behavior management techniques.

During the first meeting, it is necessary to stress the need for zeroing in (or pinpointing) a behavior observed in their children, which is especially important to them. Parents are encouraged to specify the exact behavior(s) which concern them, such as “knocking over household items while running about the house,” “rocking,” “interrupting adults,” “hitting other children.”

It should be made clear that problem behaviors are not simply those that are currently noxious and consequently need to be decreased. A certain behavior can be considered a “problem” because it is not occurring often enough. That is, a child who seldom utters a meaningful sound has a “problem” with regard to meaningful sounds. The goal would be to increase the frequency with which the child says such sounds.

Once the parents have learned how to pinpoint their children’s behavior, they are taught how (a) to count this behavior and to keep written records of the count and (b) to record how much time (in minutes) they devoted to observing the behavior. With these 2 items of information, parents are prepared to present their observation in terms of the frequency with which the behavior occurred for the recorded day. The parents are informed that the more time they can spend recording, the more valid and reliable an estimate of the daily frequency of that behavior they will obtain. But if a parent can only devote 15 to 20 minutes a day to recording, he is by no means discouraged from starting a project. In addition to stressing the amount of time spent recording per day, the parents are also encouraged to record on a daily basis. It is most desirable to obtain continuous as well as direct records of the children’s behavior. Daily recording allows more certain predictions about the future course of the behavior.

To summarize the goals of the introductory meeting with the parents, we try
to get them to develop a problem-solving orientation, to assist them in thinking and speaking more precisely about their children’s behavior, and to start them recording both the number of times a behavior occurs and the amount of time spent in observation. To achieve all these goals within one meeting is often difficult, but we want to get the parents on the road to developing individual projects as soon as possible. The assistance of teachers during this initial meeting is invaluable. They can present the parents with examples of behaviors that occur in the classroom and possibly occur in the home as well, e.g., yelling, washing their hands, reading single words. The teachers can relate to an individual parent and his child much more effectively than can an outsider who is often unfamiliar with the children.

Second meeting. The second meeting begins with a review of issues related to pinpointing and recording behaviors. During the intervening week parents may discover that the behavior they wanted to record is inappropriate for these purposes. That is, either they have inadequately described the behavior so that it is difficult to get a precise record, or the behavior they believed needed to be decreased does not occur as frequently as they thought. In the latter case, the act of recording a behavior (or movement) sometimes provides parents a more realistic perspective of their child. Some parents, therefore, have to specify different behavioral targets and begin recording anew. In any case, the second meeting is devoted almost entirely to instructing parents in the use of the Standard Behavior Charts.

Behavior charts serve as the primary evaluation tool. Parents are taught as much as they need to know about the use of the chart. That is, there are many dimensions of the standard chart that prove fascinating to academic behavior analysts. But what might fascinate a behavior analyst is not always of functional value or interest to parents.

Once parents begin charting the frequency of the selected behavior, they are well on their way to performing a successful behavior management project. The visual presentation of the child’s behavior provides both a permanent record of the initial level of the problem and information regarding the success of subsequent plans to change the behavior. Parents are encouraged to record the frequency of the behavior for at least 5 days before making plans to change that behavior. The period when parents only record the pinpointed behavior is referred to as the Before Phase.

The During Phase is the period of days during which the parent (or manager) implements some plan designed to change the frequency of the pinpointed be-
behavior (or movement cycle). The parents are instructed to describe as precisely as possible what they are doing and how their procedures are related to the occurrence of the recorded behavior. For example, if the parents plan to arrange some event to follow the occurrence of a movement, they are instructed to describe what that event is (e.g., "the child is given what he requests only when he names the item") and how that event related to the frequency with which the pinpointed behavior occurs (such as, "every time he names the item he wants, he is provided that item").

On the other hand, if the parent programs an event in the hope that it will influence the occurrence of a particular behavior, e.g., following instructions, that event must also be described precisely. The parent might program a particular instruction to occur on some regular basis. He would then record the frequency with which the instructions are presented and how frequently the child actually follows those instructions. Parents are encouraged to indicate their change plans with a short phrase written directly onto the chart. These descriptions provide handy labels for various phases of a project and reduce the necessity for keeping written records elsewhere.

Once a parent initiates a change, a continuous record of the frequency with which the behavior occurs provides him with immediate and ongoing information regarding the success or failure of the change. If, after a week or so, little difference in the recorded frequency is observed, the parent is advised to devise a new change plan and to "try, try, try again." At this point it may be helpful to reiterate that individual parents make the ultimate decisions regarding the behavior (or movement cycle) which is of concern to them, as well as the change that they consider most likely to affect the frequency of the movement cycle or pinpointed behavior in the direction that is desired. The advisors serve only to assist their selection of both the pinpoint and the change plan.

Subsequent meetings. In subsequent meetings more emphasis is placed on week-by-week changes in each parent's behavior project. As time passes, the advisor has less and less to do with the dynamics of the class meetings. When the original advisor realizes that his "advice" is no longer needed, his long-term goal has been accomplished.

This example illustrates the degree of sophistication parents can reach. Clark's parents signed publicity release statements indicating their willingness to have their names and their child's name shown on a published behavior chart. Their original chart has been traced and lettered to present a tidier picture for publication.

Clark's problem. Clark is a 7 year old PKU child. His father, Mr. Blackwell,
indicated that he would like to concentrate on Clark's incessant rocking which occurred when Clark was standing. According to him, Clark's rocking did not appear to be directly related to any specific environmental change. Over the following week the parents recorded each time Clark made a rocking motion forward and backwards. Daily observation periods ranged between 15 to 30 minutes.

Contents of Figure 1. During the Before Phase, Clark was rocking about seven times a minute during the times his rocking was counted. The numbers on the chart enclosed within the inverted triangles show the middle frequency for those recorded days within a bracketed section of the chart (which is referred to as a phase). The inverted triangle is a symbol indicating that the target was decreasing Clark's rocking.

The Blackwells had been told by various pediatricians and psychologists that Clark's rocking was associated with "brain damage" and could not be remediated. As a result, neither they nor Clark's previous teachers had made any direct systematic attempts to decrease his rocking behavior.
The initial change plan. Mr. Blackwell was to physically hold Clark for a brief period of time followed by the delivery of some chocolate candy. This plan was suggested by the first author and turned out to be a total disaster. Although Clark’s frequency of rocking went down (see point “A” in Figure 1), the disruptive effects of the procedure, in terms of agitated and resistive behavior, were considerably less desirable than the original problem—rocking. Following this first failure, Clark’s father became discouraged and did not attend a meeting for another week or so (indicated by the blank area on the chart). Later, however, he decided to return to the meetings and to give Clark’s rocking another try.

Mr. Blackwell’s plan. This second plan was simply to tell Clark to stop rocking each time he was observed rocking (a suggestion the first author would never have thought of). Initially the father used his normal voice and said “Don’t rock, Clark” each time Clark was observed rocking. As Figure 1 shows, the father’s normal tone of voice produced some decrease in Clark’s rocking. Mr. Blackwell then decided to try to speed up the decrease and proceeded to arrange a very stern command to follow Clark’s rocking, in addition to applying a firm grip to Clark’s arm when the stern voice was used. During this phase, the chart shows that Clark’s rocking decreased to about 9 times in 100 minutes. Mr. Blackwell then shifted back to his normal tone of voice and discontinued applying a firm grip to Clark’s arm. Under these conditions Clark’s rocking leveled off to about six every 100 minutes.

Withdrawing the change plan. At this point we encouraged the Blackwells to withdraw their change plan and return to only recording Clark’s rocking movements. We felt that it would be important for them to know if they would have to continue their procedure to maintain a low level of rocking. The purpose in removing the change plan, thereby shifting to an After Phase, was to provide records which would tell the parents if they could more profitably invest their energy in dealing with some of Clark’s other behaviors. It took much discussion to get Mr. and Mrs. Blackwell to withdraw the procedure that had proved so successful. They were concerned that Clark’s rocking would return and that they would wind up with their original problem. It was pointed out that they had discovered a procedure with which Clark’s rocking could be decreased and that if the frequency of his rocking increased they would know what to do about it. The parents agreed, and the chart shows that Clark’s rocking did begin to increase once the father’s stern voice no longer followed the rocking. The upward trend in Clark’s frequency of rocking permitted all of us to predict that Clark
could re-acquire his earlier frequency of rocking in just 4 weeks. As a result, we agreed with the parents that they should return to their previously successful procedure.

Reinstating the change plan. The chart shows that reinstatement of the father’s stern voice again produced a rapid decrease in Clark’s rocking. It went down to about 3 in 100 minutes. This consequence and its effect have continued to this date.

Other considerations. One interesting aspect of this project is the progressive decrease in the record floor as Clark’s rocking decelerated. The record floor (which refers to the amount of time spent observing the pinpointed behavior) actually reflects the behavior of the parents. That is, as the parents observed more and more success in their project, they spent greater time observing Clark’s behavior. As a result they shifted from recording Clark’s rocking during the Before Phase for an average of 20 minutes per day to eventually watching Clark’s behavior for over 100 minutes per day toward the end of the project. The Blackwells’ project is particularly significant because it demonstrates that in order to find out whether a “symptomatic” behavior is in fact unmanageable, one must put the proposition to a practical test.

Parenthetically, once Clark’s rocking slowed down, his parents reported that they started noticing Clark doing other things more often, e.g., playing with his toys, interacting with other children, even trying to help his mother with the dishes! These and similar observations by parents and teachers have led us to stress the importance of multiple, simultaneous recording of important behavior targets in order to isolate just such behavioral interactions.

As far as we can tell, the difference between a traditional group and the parent classes described is that in the former structure the goal is to deal with the parents’ psychological states as they directly or indirectly are associated with having a retarded child. As pointed out earlier, the parents’ attitudes and feelings related to their having a retarded child were not our primary concern. Our goal was to help them deal directly with the behavior of their retarded children in such a way that the children’s education could be extended into the home.

Since we failed to take records on the parents’ verbal behavior during meetings, we can only speak anecdotally about the changes, or apparent changes, in the parents’ attitudes and feelings toward their children. We were struck, however, with some interesting and subtle changes in the ways in which the parents described their children. During the first few meetings, many of the parents seemed very drawn and frustrated when discussing their children spe-
conclusively or in general. Many had all of the appearances of people having to bear a chronic “cross.” As the number of meetings increased and as parents came in contact with more and more success in their own activities, as well as the activities of other parents, we began to notice a progressive relaxation in the social atmosphere of the meetings. For example, we began to notice that more frequently parents were laughing about the behavior that their children occasionally exhibited.

All children, at one time or another, engage in behavior that tends to amuse us, and if these children are normal, we laugh at them. However, if the child happens to be classified as “retarded,” many of us feel inhibited somewhat about laughing at that child’s behavior. We suspect that once a parent of a retarded child reaches the point that he is able to be amused openly by the truly funny things his child does, he is more accepting of that child than he was before. If this clinical interpretation is true, then almost in spite of our objectives, many of the goals of more traditional parent group structures were met in our parent classes.

We would suggest that any parent feels more comfortable and more accepting of his child when that parent is confident that he has the tools and skills to educate and manage his child effectively. In the case of the retarded child, we feel that this principle continues to hold and that the tools we tried to present to parents allowed them to obtain a higher degree of family stability than they would have if their children were for the most part unmanageable. More importantly, however, the tools of precise behavior management worked well for these parents and teachers because they “cared enough to chart.”


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