The Development of a Parent Training Workshop for Parents of Children with Intellectual Disabilities Displaying Aggression

by

Ruth Flores

A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the degree of Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College
Kingston, Ontario
Canada
April 15, 2011

The procedures in this staff training manual/workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
ABSTRACT

Within the population of intellectually disabled individuals, the most prevalent form of problematic behaviour referred to specialists for behavioural support is aggressive behaviour (Maguire & Piersel, 1992, as cited by Allen, 2000). Behavioural training programs for parents of aggressive children can be an important supplement to behaviour management in enhancing interactions within the home, communication, and parental knowledge of intellectual disabilities. As Allen (2000) states, parental training may help children to learn the skills needed to gain strategies to deal with anger and aggression, developing a more adaptive response when taught early on. The purpose of this thesis was to develop a group parenting workshop intended to develop more effective behavioural strategies for parents of children with intellectual disabilities who display anger and aggressive behaviour. This could work to increase parenting skills and abilities and lead to less aggressive behaviour in their children. The final product of the project included the development of a seven week workshop for the community agency which consisted of a facilitator manual, and participant manual. The workshop involved chapters and information based on the existing literature, and techniques in helping children manage their anger using simple coping techniques. The workshop may meet the needs for a variety of populations struggling with anger management problems, and could be easily modified to suit the needs of participants. In order to evaluate the effectiveness of the seven week workshop, future recommendations would include running a pilot parent training group.
ACKNOWLEDGEMENTS

I would like to acknowledge all those involved in providing guidance and support throughout the process of writing this thesis. To my placement supervisor, Dave Villeneuve, I wish to thank for the continuous academic support and patience during this process. I wish to also acknowledge my placement agency and supervisor for allowing me the opportunity to learn, and providing me with valuable experience and resources. Lastly, I would like to acknowledge my family and friends, who have provided me with the continuous love, support, and motivation needed to guide me to my goals.
# TABLE OF CONTENTS

ABSTRACT .................................................................................................................. ii
ACKNOWLEDGMENTS ............................................................................................... iii
TABLE OF CONTENTS ............................................................................................. iv

CHAPTER
I. INTRODUCTION ....................................................................................................... 1

Overview .................................................................................................................... 1
Purpose of the Study .................................................................................................. 1
Rationale .................................................................................................................... 1

II. LITERATURE REVIEW ............................................................................................ 2

Intellectual Disabilities .............................................................................................. 2
Family Stress Factors within Families in Individuals with Intellectual Disabilities .. 2
Parent Training for Problem Behaviour .................................................................... 3
Parent Training for Problem Behaviour in Intellectual Disabilities Population .......... 3
Anger Management Programs for Aggressions ......................................................... 4
Anger Management Programs for Aggression in the Intellectual Disabilities Populations ................................................................. 4
Causes of Aggression in Individuals with Intellectual Disabilities ....................... 5
  Difficulties in Expression and Communication ....................................................... 5
  Difficulties in Child's Environment ........................................................................ 5
  Difficulties in Developmental Effects & Genetic Predisposition ............................ 6
  Child Characteristics .............................................................................................. 6
Rationale .................................................................................................................... 8

III. METHODOLOGY ................................................................................................... 9

Formation of the Workshops .................................................................................... 9
Expected Participants ............................................................................................... 9
Expected Workshop Facilitators ............................................................................. 10
Expected Workshop Design .................................................................................... 10
Expected Format and Setting .................................................................................. 10
Expected Procedures ............................................................................................... 11
Measures .................................................................................................................. 12
Expected Measures ................................................................................................. 12

IV. RESULTS ............................................................................................................. 13
V. DISCUSSION ........................................................................................................ 14

Summary ............................................................................................................... 14
Contributions to the Behavioural Psychology Field ............................................ 14
Limitations ........................................................................................................... 14
Multilevel Challenges ......................................................................................... 15
   Clients .............................................................................................................. 15
   Programs ......................................................................................................... 15
   Organizational ............................................................................................... 15
   Societal .......................................................................................................... 15
Recommendations for Future Research .............................................................. 16

REFERENCES ..................................................................................................... 17

APPENDICES

Appendix A: Facilitator Manual
Appendix B: Participant Manual
Appendix C: Feedback Survey & Questionnaire
Chapter I: Introduction

Within the population of intellectually disabled individuals, the most prevalent form of problematic behaviour referred to specialists for behavioural support, is aggressive behaviour (Maguire & Piersel, 1992, as cited by Allen, 2000). Aggression is said to occur when, "the individual attempts to (but is prevented or misses) or actually hits, slaps, punches, bites, pinches, scratches, pokes, kicks, shoves, or throws objects at another person with sufficient intensity to inflict or potentially inflict immediate pain and/or injury to the victim. Additionally, aggression can be said to occur when the individual verbally or nonverbally threatens to harm another person" (as adapted from the Child Behaviour Management & the Stress Survey for Persons with Autism and Developmental Disabilities). It has been reported that aggression can have up to a 40% prevalence rate within this population (Antonacci, Manuel, & Davis, 2008). One of the main risk factors that can lead to external aggression against others is known to be anger. In turn, this can cause considerable disruptions within an individual's social network. It can lead to significant obstacles regarding family, caregivers, and community involvement (Gardener & Moffat, 1990, as cited by Allen, 2000). Aggressive behaviour can also place an individual at an increased risk for, "institutionalization, social isolation, physical restraint, over-use of medication to treat behaviour problems, exclusion from services, and becoming a victim of abuse" (Antonacci et al. 2008, p. 225).

As Davidson et al. (1983) state, it is apparent that aggressive behaviour can begin to increase during the late adolescent years (as cited by Allen, 2000). This suggests that early intervention with children will be more effective than later intervention. As McConachie & Diggle (2007) state, the addition of behavioural training programs for parents of aggressive children can be an important supplement to behaviour management in enhancing interactions within the home, communication, and parental knowledge of intellectual disabilities. It has been stated that decreased stress, and increased confidence and skills are prospective benefits to parents who participate in parent training. As Antonacci et al. (2008) state, skill deficits in children may lead to an increase in the occurrence of aggression. These deficits include problems in the areas of communication, socialization, and the ability to function independently. As Allen (2000) states, parental training may then help children to learn the skills needed to gain strategies to deal with anger and aggression, developing a more adaptive response when taught early on.

It is proposed that implementing a group parenting workshop that aims at developing more effective behavioural strategies for parents of children with intellectual disabilities who display anger and aggressive behaviour, will work to increase their skills and abilities in teaching their children. This in turn would be expected to have a positive impact on aggressive behaviour
Chapter II: Literature Review

Intellectual Disabilities

There are a range of intellectual disabilities in which there are significant impairments in social interaction and communication. These disorders are often characterized by repetitive behaviours (Olinger, 2010). As noted in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, some of the intellectual disorders described include: Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (as cited by Harvard Mental Health, 2010). These intellectual disorders are often diagnosed at an early age and often impact various variables across the lifespan of the individual. As Olinger (2010) states, because of these impairments, individuals with intellectual disabilities will learn in different ways. Individuals can have deficits in learning, attention span, and sensory processing. This results in difficulty in interacting with their social, physical, and sensory environments. As a result, individuals often develop individualized strategies that assist them in organizing information and discriminating between specific tasks. As the incidence per capita of diagnoses continues to increase, it is speculated that better awareness has contributed to early detection and diagnosis in some intellectual disabilities. Autism Spectrum Disorders now affect approximately one in every 150 children (Child Health, 2010). Intervening at an early age can take advantage of the plasticity of the youthful brain, and may help to improve their interaction and communication abilities.

As noted by Harvard Mental Health (2010), home and school based interventions with applied behaviour analysis (ABA) can be used for children to promote behaviour change. This involves analyzing behaviour to identify functional relationships in context to the environment, and altering these environments in ways that will be beneficial to the individual (Miltenberger, 2008). As stated, ABA treatments are one of the best interventions that can be found for autism spectrum disorders (Harvard Mental Health, 2010). The focus of these programs has now changed to concentrate on developing skills that can be broadly used within the home, school, and community. As Mental Health (2010) states, research has shown that socializing, language, and adaptability skills have improved in over half of children with autism spectrum disorders who are involved in ABA programs.

Family Stress Factors within Families in Individuals with Intellectual Disabilities

As Dyson (2010) states, in families of children with disabilities, higher rates of stress have been reported when compared to families of children without disabilities. It has been stated that additional challenges can be found because of the added responsibilities and work that are placed on the parents based on their children’s needs (Llewellyn et al., 2010). One of the most important ways to establish how well a family is able to adapt has been suggested to be in observing a family’s routine. This allows service providers to observe typical routines and family reactions in these circumstances. Although it has been found that daily routines normally do not differ, there is more stress, negative affect, and more physical symptoms experienced (Dyson, 2010). In a study conducted by Meadan, Halle, & Ebata (2010), various additional sources of added stress
were identified including economic burden, negative impacts on career, and concerns about the future. Stressors such as these in parents could lead to negative impacts in parents regarding depression, anxiety, and marital discord within their partnership (Meadan, Halle, & Ebata, 2010). This was found to be the case in more mothers than fathers in study of children with Autism Spectrum Disorder. Within marital discord, Higgins et al. (2005), reported lower levels of happiness in marriage, adaptability, and cohesion in both parents of children with disabilities (as cited by Meadan, Halle, & Ebata, 2010). In addition, the authors state that the variety of stressors will differ during different experiences and milestones of an individual’s lifespan.

**Parent Training for Problem Behaviour**

As Webster-Stratton (2001) states, parent training has an extensive history, serving the purpose of changing parent-child interactions, and can be effective in reducing problem behaviour (as cited by McIntyre, 2008). Parent training is educational in nature, aiming to teach and increase parents skills in order to assist children with intellectual disabilities (Healing Thresholds, 2010). It allows for parents to increase their knowledge of their child's behaviour, natural strategies to apply in the home, while increasing their skills and family satisfaction (Brookman-Frazee, Stahmer, Baker, & Tsai, 2006). Skills targeted could include avoiding reinforcement of negative behaviour, ineffective commands, and increasing the attention provided to positive behaviour of the child (Bloomquist, & Schnell, 2002).

As McIntyre (2008) states, although there are various studies that indicate success in parent training, there are few studies on early intervention using group parent training programs. One relevant study, conducted by Pinsker & Geoffroy (1981), demonstrated that a parent training workshop was effective in reducing problem behaviour in children. It allows for collaboration within various aspects of treatment, such as assessments and delivering treatment protocol (Lucyshyn et al., 2002, as cited by Brookman-Frazee et al. 2006). As the authors state, behavioural programs can be more effective with parental involvement in preventing and intervening in problematic behaviours. Gains from parent training interventions have been seen to endure for one to three years, and have shown superior efficacy when compared to alternative treatments (Bloomquist, & Schnell, 2002). As the authors state, a better outcome was found in children through parent training when compared to 81% of children receiving alternative or no treatments. Although it is stated that further research is needed, parent training can provide an increased sense of cohesion within family, while decreasing conflict, fostering healthier family relationships (Pinsker & Geoffroy, 1981).

**Parent Training for Problem Behaviour in Intellectual Disabilities Population**

Parent training has been widely established as a useful technique for addressing problematic behaviours among individuals with intellectual disabilities (Sofronoff, Attwood, Hinton, & Levin, 2007). As the authors state, challenging behaviour is common among children with intellectual disabilities. Challenges presented in skill areas such as communication and learning can lead to disruptive behaviour problems (Brookman-Frazee et al., 2006). However, it has been stated that parent training within the field of
intellectual disabilities is more likely to be incorporated with individual families rather than parent training groups. In group based parent training, parents could further learn to work in partnerships, and learn from others around their environment (Webster-Stratton, 1997, as cited by Brookman-Frazee et al., 2006). The use of parental training can allow for more consistency within the natural environment, and allow for early treatment in a child's social development. In a study conducted by Stahmer and Gist (2001), it was found that individual assistance within the home paired with group parenting training allowed for better understanding of techniques that were taught (as cited by Brookman-Frazee et al., 2006). It was also observed that increased skills for the parents' led to opportunities for a child to learn in various settings (Sofronoff et al., 2007). When parents were trained in behavioural techniques, it was found that rates of generalization and maintenance significantly improved (Koegel et al., 1982, as cited by Brookman-Frazee et al., 2006).

In sum, the literature suggests it is important to evaluate the results of a parent training group within the population of intellectual disabilities. Given that groups of regular children with conduct problems show similarities regarding problem behaviours when compared to intellectual disabilities, future inquiries in parent training groups could prove beneficial to gain more knowledge and further study the positive effects that parent training groups could have on children within this population (Brookman-Frazee et al., 2006).

Anger Management Programs for Aggression

Kassinove and Sukholdosky (1995) define anger as, "a negative feeling state associated with cognitive distortions, physiologic changes, and behavioural reactions" (as cited by Blake & Hamrin, 2007, p 209). Physical and verbal aggressions are the most common expressions of anger. As Antonacci et al. (2008) state, one of the most common interventions for outward aggression is anger management treatment. Programs such as these can be beneficial in introducing new strategies for coping with anger and the promotion of new responses (Allen, 2000). In a study conducted by Kellner and Tutin (1995), anger management training enhanced a student's ability to control anger (as cited by Sofronoff et al., 2007). Parent confidence in managing their child's anger, as well as their perception of the child's confidence to manage anger were positively affected. In a study conducted by Feindler, Marriot, and Iwata (1984), an anger management program was delivered to a group of children with disruptive behaviour disorders (as cited by Blake & Hamrin, 2007). Improvements were reported in the frequency and severity of aggressive behaviours, and an increase in problem solving skills.

Anger Management Programs for Aggression in the Intellectual Disabilities Population

In a review by Beail (2003), it was noted that anger management programs are a common approach to use in the population of intellectual disabilities (as cited by Antonacci, Manual, & Davis, 2008). As Sofronoff et al. (2007) state, individuals with intellectual disabilities often have difficulties with thoughts and feelings within themselves, and are unable to recognize and categorize feelings. This may lead to significant problems in anger and aggression. It has been stated that among clients referred to services for aggressive behaviours, 60% had considerable problems with anger
(Lindsay & Laws, 1999, as cited by Willner, Jones, Tams, & Green, 2002). Unlike most individuals, children with intellectual disabilities often lack the ability to temporarily stop and address different strategies to use in a given situation. Instead, there may be an impulsive reaction that can result in aggression. As Sofronoff et al. (2007) state, there are difficulties in recognizing feelings and emotions without a successful way to articulate them, which can lead to aggressive behaviour as a means to express mood and emotions. Anger management programs could improve the awareness of feelings and possible responses to demonstrate among children with intellectual disabilities (Ekman, 2003, as cited by Sofronoff et al., 2007).

In sum, the literature suggests that anger management programs can assist children with intellectual disabilities in managing both internal and external variables that serve to lead to aggression. Introducing programs that alter children’s thinking and assist in developing new responses may facilitate the reduction, and replacement of overt and verbal aggression displayed by the child (Allen, 2000). In developing this potential workshop for parents with children who display aggression, anger will be specifically targeted in hopes that it will have a positive impact on overt aggression.

**Causes of Aggression in Individuals with Intellectual Disabilities**

In order to successfully implement a behaviour management program for children with intellectual disabilities, it is first important to understand the possible problems or variables that could be contributing to aggression (Charlot, & Shedlack, 2002). It has been suggested that a range of problems could be the underlying component which serves as a function for aggression.

**Difficulties in Expression and Communication**

For children with intellectual disabilities, aggression may reflect anger due to limited communication skills. Children may use aggression to respond to daily stressors, an inability to express choices or a preferred choice, or a lack of control in their life (Kens, Winter, & Francey, 2010). As Charlot and Shedlack (2002) state, individuals can display aggression as frustration when they are unable to communicate feelings in stressful situations such as routine change, or pain and medical issues. As a result, deficits in communication skills can often lead to social rejection, and impairments in establishing and continuing relationships in a child's life (Relss, 1994, as cited by Kens et al., 2010). Along with this, Allen (2000) discusses skill deficits in discriminating expressions. It was found that individuals who were aggressive were more likely to label expressions as angry than control groups. This suggests that individuals with aggression have a tendency towards having a preconception towards emotional expressions of anger.

**Difficulties in Child's Environment**

Within the environment, it is important to tailor situations to the child's needs to enhance success (Kens et al., 2010). As the authors state, behaviour is always functional. It always serves a purpose, and can be multifunctional. Barkley (1987) suggests that aggressive reactions in children could serve the function of escaping demands or
unpleasant situations, or to gain attention. Inconsistent or ineffective strategies that are being applied to children may be teaching the child how to respond inappropriately. Over time, the child's behaviour can be shaped, or inappropriately reinforced by parents (Kens et al., 2010). It is important when delivering consequences to be effective, and consistent when dealing with a child's aggressive behaviour.

**Difficulties in Developmental Effects & Genetic Predisposition**

As Charlot & Shedlack (2002) state, it is important to note that children with intellectual disabilities may also have additional developmental deficits that could be associated with aggression. This could include medical and psychiatric conditions. These effects could be caused by conditions that may be genetically passed from the parent (Kens et al., 2010). Barkley (1987) states parental characteristics may also place a child at risk for behavioural difficulties if they have personality disorders, temperament issues, or disabilities. In children, intellectual development is not fully matured. Charlot & Shedlack (2002), state that specific cognitive components that affect aggression do not fully develop in the brain until adolescence. They may remain undeveloped in some individuals, leading to problems in communication, problem solving, and coping skills, which could lead to aggression.

**Child Characteristics**

As Forehand, & Long (2002) state, individual differences in temperament can be discerned in infancy, before parental behaviour becomes a factor. Temperament can be defined as, "a child's inborn behavioural style or innate tendencies to act a certain way" (Forehand, & Long, 2002, p 9). As Mackenzie (2001) discusses, from the moment an individual is born, there is a tendency for behaviour to remain the same over time. These characteristics can be seen as early as the first six months of an infant’s life, and become stable as the child grows (Barkley, 1987). Many research studies show a significant relationship between early temperament, and later behaviour in life (Forehand & Long, 2002). Each child has varying degrees of temperament which can be attributed to individual characteristics. Some of the following characteristics will be discussed. However, through shaping, it is possible for these characteristics to be modified (Mackenzie, 2001). The main goal in changing these characteristics is to lessen the problematic behaviour the child displays (Barkley, 1987).

**Attention**

Attention refers how to how long a child is able to focus their attention on tasks. This could include behaviours such as watching, listening, and how the child interacts in the environment. Poor attention span could contribute to problematic behaviour (Barkley, 1987). Children could be easily distracted and have a short attention span, initiating problem behaviour (Mackenzie, 2001).
Impulse Control

Impulse control refers to the ability to stop and think about consequences of the situation that will occur if the child follows through with behaviour. In problematic behaviour children could engage in problem behaviours without hesitation, placing them at risk for future conflict (Mackenzie, 2001).

Mood

Mood within a child can be seen as emotional reactions that a child has in response to an occurrence in their given environment (Barkley, 1987). Children with problem behaviour could exhibit reactions such as negative mood, irritability, excessive crying, and a heightened tendency to display strong emotions when upset.

Social Abilities/ Sensitiveness

Often in children with intellectual disabilities, a child's interest level can be directed at objects or patterns of behaviour that can provide sensory stimulation (Mackenzie, 2001). This can decrease the level of interest in others and the level of interactions the child can have (Barkely, 1987). Often, problematic behaviour can stem from auditory or visual stimulation that over stimulates the child.

Adaptability

Adaptability refers to a child's ability to handle changes and successfully adjust to new situations that may arise. This could include daily routines such as eating, sleeping and transitioning patterns (Mackenzie, 2001). Changes in routine that can create internal feelings of stress or anxiety can result in problematic behaviour for the child as a means to express these feelings.

Intellectual Disabilities

For a child with an intellectual disability, the way they are perceived by others affects the quality and frequency of interactions the child may have with other children. As Barkley (1987) states, behavioural problems could result for the child because of low acceptance by children, teasing from others, and mistreatment from others. Also, delays in areas such as language and intellect may result in delays in other areas such as problem solving or regulation of emotions.

Severity of Intellectual Disability

Having an intellectual disability can influence an individual towards this form of behaviour because of possible neurological deficits or intellectual delays (Allen, 2000).
Rationale

The literature reviewed in this chapter highlights the field of individuals with intellectual disabilities and main areas of impairment. Parent training is noted as the top intervention used within applied behaviour analysis that can be found for autism spectrum disorders (Harvard Mental Health, 2010). The literature between populations is discussed and examined, looking at similarities between groups, noting that future inquiries in parent training groups could prove beneficial to gain more knowledge (Brookman-Frazee et al., 2006). Anger management programs are then discussed as a treatment program for aggression for the opportunity to introduce alternative and new strategies for parents. It is demonstrated that introducing programs that alter children’s thinking and behaviour and introduce new strategies to develop new responses will function as a strategy to replace overt and verbal aggression within the child (Allen, 2000). The literature also links aggression with probable causes in individuals with intellectual disabilities, stating many contributing factors towards aggression and the ways in which it could be displayed.

In developing this potential workshop for parents with children who display aggression, anger will be addressed in hopes that it will have a positive impact on overt aggression. The main purpose of this workshop is to better equip parents to deliver effective parenting practices. It will work to address the gap noted in parent training groups, and emphasis will be placed on building specific skills that will contribute to current parental skills, and the child’s behaviour. Through the development of the workshop, it is hoped to decrease stress on caregivers, and provide additional tools to benefit parents and children.

It is proposed that implementing a group parenting workshop that aims at addressing more effective parenting strategies for behaviour management, for parents of children with intellectual disabilities who display anger and aggressive behaviour, will work to increase their skills and abilities in teaching their children, and in turn have a positive impact on aggressive behavior.
Chapter III: Methodology

Formation of the Workshop

The development of the workshop was created by the author under the supervision of staff at the community agency. This included a registered psychologist, and a behaviour therapist who continually provided verbal feedback throughout the development of the workshop manuals. In addition, support was provided from the psychology intern at the agency who also edited and provided verbal feedback each week during progress meetings. This feedback was evaluated and incorporated into the final version of the facilitator and participant workshop manuals.

The use of the Positive Behavioural Support approach was emphasized within the workshop to accompany the approach of the community agency. This involves placing importance on looking at ways to create change within the home, school, and community environments to enable parents to be more responsive to their child’s needs (Becker-Cottril, McFarland, & Anderson, 2003). It also focuses on strengthening the family as a whole, by aiming to teach strategies which have been proven effective. Because parents are known to be an important resource in child’s life, they become a vital role in delivering intervention procedures. As Becker-Cottril, McFarland, and Anderson (2003) state, when behavioural programs and techniques are taught and implemented by the family, they are more likely to be maintained in the future. In using Positive Behaviour support, the agency seeks to improve children’s lifestyles within various contexts including the home, school, and community, which increases their overall quality of life.

To develop the workshop and associated manuals, resources were gathered from staff at the community agency, along with additional research materials collected by the author. Through research and organization, the manual contents were divided into 7 main topics. The use of weekly homework assignments were created by the author for future evaluation of progress and consistency. In addition, group activities, discussion questions, and behavioural rehearsal portions were created for future practice of learning skills that were related to the teaching material. This also targets all learning styles for all future participants of the workshop.

The author will not be involved in future delivery of the workshop. There were no human participants or facilitators in the creation of the workshop content and associated manuals. The materials pertaining to the thesis were intended for the eventual delivery or the workshop. The workshop is to be implemented at a point in the future by agency staff. When the workshop is implemented by the staff in the future, it will be the agency's responsibility to develop group policies and procedures, and acquire participant and workshop facilitators. However, suggested participants, facilitators, and materials were recommended for the purpose of the study.

It is important to note that when the workshop is delivered in the future, the manuals may be easily modified to suit the specific needs for the intended population.

Expected Participants

When the workshop is implemented in the future, the primary participants in this workshop are expected to be selected through the agency's high priority waiting list. The
primary participants will include five sets of parents, for a total of ten participants, with all parents being over the age of 18. The target age for the children who are the subject of the workshop will range from 2-11 years-old. This is to focus on early prevention and intervention strategies. There will be no exclusion on the gender of the children, and both verbal and non-verbal children will be included. The child must be diagnosed with an intellectual disability, but will not be excluded on the basis of any additional diagnoses. Parents with children who are currently receiving medication or who may have had any previous experience with behavioural programming will be allowed to participate in the workshop. Families who have previously received services with the agency will be allowed to participate. It is to be noted that many of these areas may be changed in future trials of the workshop to relate to the future needs of clients.

Expected Workshop Facilitators

When the workshop is implemented in the future, it is recommended that facilitators who deliver this workshop should possess a degree or diploma from a Social Services Program, Developmental Services Worker Certificate, B.A Psychology, or a Behavioural Science Technologist. This is to ensure that the facilitators have knowledge pertaining to behaviour and the field of intellectual disabilities to have sufficient ability to answer participant questions and concerns. Because lectures will be provided within a class like setting within a group, excellent oral, written and communication skills are an asset.

Expected Workshop Design

The main purpose of the development of the workshop is to better equip parents to deliver effective parenting practices. Throughout the workshop, emphasis is placed on building specific skills that can contribute to their current parenting skills, and understanding of the child's behaviour. Through parent participation in the program, it is hoped that this workshop will have a positive impact on current levels of aggression displayed by the included children. It is also hoped that the creation of this workshop will decrease stress on caregivers, and provide additional tools for parents and children to recognize different patterns and behaviours that could benefit them both. A workshop format was selected because of the high number of families who are still currently on the agency's high priority waiting list. This could act as an additional tool for families while remaining on the current list.

Expected Format and Setting

The final product will be in the format of a seven-week workshop, with sessions ranging from one to one and a half hours in length, and will take place at the community agency in future trials. The format in length was chosen for convenience of the parents. In this way, they can still carry out priorities in their life such as work and devote a portion of their time to the agency. Throughout the workshop, the method of delivery of information will be a combination of various presentation modalities, including lectures,
PowerPoint presentations with visuals, discussions within the classroom, and behavioural rehearsals.

**Expected Procedures**

It is expected that the final outcome of the study will include a facilitator manual (Appendix A) and a participant manual (Appendix B). The manuals will involve chapters and information based on the existing literature found within this area, and will be divided into various chapters based on the information that will be taught each week.

The future trial will also involve a PowerPoint presentation to accompany the manual, and will be delivered to parents in the form of a lecture. The PowerPoint presentations will be divided into several different topics each week which will be formatted based on the lectures within the manual. In addition, several worksheet activities and modeling components will also be incorporated in order for the parents to practice behavioural rehearsal. These handout sheets and activities will be included in the manual, along with the feedback survey (Appendix C) which will be handed in at the end of the workshop.

The development of the workshop was divided into 7 main sections, based on each lecture. The introductory section gives the participants a main overview of the workshop including information about: the agency, the purpose and focus of the workshop, the approach, working as a team, and forming group rules. It also allows parents within the workshop to begin to form group cohesion and become socialized. They will also be given the opportunity to discuss what brought them to the agency, and what they hope to gain out of the experience of participating within the workshop.

In section two, parents will begin to learn about the possible causes of aggression in children with intellectual disabilities. They will learn about anger, aggression and the first skill: attending. Throughout each lecture, there will be a time slot allotted for the purpose of behavioural rehearsal, or partner activities. Each session will also incorporate a homework plan at the end of the session for the parent to practice throughout the week, and will begin with follow up based on the homework during the previous week.

Throughout sections three to six, parents will learn and practice various skills including: reinforcement/rewarding, ignoring, giving directions, and time out procedures. Each of these sections incorporates specific skills, strategies, and steps for the parent to use when implementing these skills.

In the last section, parents will be given a session on techniques they can introduce to children who need help in managing their anger. It can provide some simple coping strategies for changing behaviour and emotions when the individual experiences anger which can help to manage their anger. These techniques can include: breathing exercises, taking a time out for themselves, relaxation techniques, or point scale systems. During this last session, participants will be asked to complete a feedback satisfaction survey. Participants will be encouraged to ask any final questions or feedback they may need, and will be encouraged to continue to employ the techniques in their household that were learned.
Measures

There will be no measures given to human participants. The measures of this workshop will be included and suggested for use, and will be the responsibility of the agency staff at a future point in time.

Expected Measures

When the workshop is implemented in the future, there will be suggested measures for facilitators to use to assess pre-post skill and knowledge levels (Appendix C). In addition, there will be an attitude and satisfaction measure included for participants to give feedback. Appropriate measures will be included in the workshop package.

The measure suggested in the manual was created by the author, along with an intern at the community agency who edited and provided verbal feedback. This feedback was evaluated and incorporated into the final content of the measure. The final questionnaire consisted of two portions: parental attitudes, and knowledge of basic behaviour principles. In the first portion, parental attitudes were discussed and chosen as a topic to evaluate whether the program had raised the confidence and perceived abilities of parents to integrate strategies learned into the context of their lives. In the second portion, knowledge of basic behavioural principles, basic knowledge can be tested to confirm whether the parents have learned the key concepts each week.
Chapter IV: Results

The final product of the thesis project included the development of a seven week workshop for the community agency which consisted of a facilitator manual, and participant manual. This workshop involved chapters and information that were based on the existing literature found within this area including areas such as: possible causes of aggression, anger, attending, reinforcement/rewarding, ignoring, giving directions, and time out procedures. Along with this, techniques in helping children manage their anger were incorporated for simple coping strategies such as: breathing exercises, relaxation techniques, and point scale systems. A suggested feedback satisfaction and questionnaire was also included for suggested use in future trials. Throughout the development of the workshop, specific staff members at the community agency were also consulted for verbal feedback of the workshop. This feedback and additional resources available were incorporated into the content and final product.
Chapter V: Discussion

Summary

The main focus of the thesis was the development of a workshop targeted for parents of children with intellectual disabilities displaying aggression. After examining the literature, it is clear that aggression can cause significant disruption and present obstacles regarding family, caregivers, and community involvement (Gardener & Moffat, 1990, as cited by Allen, 2000). By providing parent training programs, behaviour management techniques can be of important value to enhancing interactions within the home, communication, and parental knowledge (McConachie & Diggle, 2007). Developing a group parenting workshop, aimed towards providing more effective behavioural strategies for parents of children with intellectual disabilities who display anger and aggressive behaviour, could potentially work to increase their skills and abilities in teaching their children. In turn, it was thought that this workshop could expect to have a positive impact on aggressive behaviour within their child in future trials.

Contributions to the Behavioural Psychology Field

The development of the workshop was created for the benefit of the community agency in order to provide an optional resource while parents were placed on the agency’s waiting list for service. Since a considerable amount of clients were referred for aggression within this organization, this workshop may serve the purpose of reducing the number of individuals who seek treatment on the waitlist. This also significantly increases the number of families who could benefit from this workshop with the ability to serve larger families, rather than treatment with a family one on one. This workshop may also meet the needs for a variety of populations within anger management, and could be easily modified by the agency to suit the needs of their population. Lastly, future trials of this workshop could contribute to the further development of research within the intellectual disabilities field.

Limitations

One of the main limitations to the development of the workshop is that it could not be delivered to the intended population. Knowing this, it is not feasible to determine the effectiveness of the current workshop without the ability to deliver it. This leaves the hypothesis to remain untested until future trials can be delivered. This could make it more readily available to recognize the limitations throughout the workshop and the ability to evaluate and implement necessary changes. Also, because the format and layout of the workshop were not able to be tested, changes may need to be implemented in the future trials. This could include issues such as timing within each session, or shortening or lengthening the number of sessions that will be covered within a certain frame of time. Also, because the agency works with different populations, this workshop covered a general source of topics. When the workshop is delivered in the future, it is important to note that specifics may be added to meet the specific needs of parents for the intended population. In addition, current skill level and functioning should be taken into
consideration when planning for future participants of the workshop in order to increase understanding.

**Multilevel Challenges**

**Client**

Because of the range of disabilities within the agency, it is important to ensure that each individual diagnosis is taken into account when preparing to pilot this workshop. This will help take into account how each diagnosis can affect a child’s behaviour. Also, with ranging sessions throughout the workshop, parents may feel as though selective portions of the workshop will not apply to their children, and may not necessarily want to participate in every session. In addition, parents may be hesitant to participate because of stigmas that may be attached to attending this workshop, such as parental thoughts of inability to parent, or that their children’s behaviour is their fault. Lastly, because each parent may have varying education levels, it is important to address the language that is to be used within the manuals to meet the needs of skill and functioning levels of the parents who will be participating. Although the presentation will incorporate various learning styles, clients who have difficulties with reading and language may experience difficulties in comprehending the manual. In pilot trials, it will become apparent to the facilitators which language may be more suited to use.

**Program**

At the program level, difficulties may arise with progress between each couple. Without implementing the workshop, it is difficult to address how the rate of each couple will have to be handled throughout the workshop. In addition, because parents are only learning this material within the classroom, there is no way of ensuring that behavioural recommendations will be properly followed through. Information regarding follow through will only be obtained through self-report and feedback that parents will provide at the beginning of every new session to determine how progress is going.

**Organizational**

Within the organizational level, challenges may arise when arranging when and where these sessions will take place in future trials. This may affect each client in regards to availability and accessibility to service. In addition, adherence to the manual will be important when following through with facilitators who implement the workshop. It is important to consider that different versions or modifications to the workshop could yield different results.

**Societal**

At a societal level, stigmas may be found residing within the parents. This can result in hesitance to participate in the workshop because of beliefs they may have such as thoughts of their children’s behaviour being their fault, or that they do not have the
ability to parent. In addition, there may be parents who may not have sufficient knowledge about the community organization and the resources and abilities available, placing some hesitance towards the agency.

**Recommendations for future research**

In order to evaluate the effectiveness of the seven week workshop, future recommendations would include running a pilot parent training group. This could further more research or critical evaluation of necessary changes to implement. Along with this, necessary revisions in timelines, manual content, and language could become more apparent once the group workshop begins to run. In addition, future recommendations for the workshop should incorporate a visual presentation to accompany each session such as a PowerPoint slide presentation.
REFERENCES


