



Self-Management Skills

Introduction to the Social-Learning Theory

In our daily lives all of us use self-management skills. That is, we assume responsibility for daily tasks such as grocery shopping, going to work, paying bills, and brushing our teeth. People with asthma need even better self-management skills than the average person because these skills affect their health. An important part of asthma management is self-management. Specifically, this means that the person with asthma must learn to assume as much responsibility for asthma management as his/her maturity will allow. This responsibility includes knowing the medicines to be taken, remembering to take those medicines on time, being able to recognize and act on early signs of acute asthma, and learning how to adjust activities in order to avoid breathing problems.

But, how do we start helping someone learn these skills? Few of us learn or experiment if we are ignored, or if we get negative responses from those around us, especially from those important to us. This is a principle that we all know from common sense and experience.

The Social Learning Theory is a system for helping someone learn a new skill. Its principles are neither new nor magical. They are time-proven ideas that are organized in such a way that they can be consciously and consistently applied. The following is a brief description of these learning principles. The examples given refer to teaching children new skills and behaviors but the principles apply to persons of any age.

Principles of Social-Learning Theory

Positive Reinforcement

Positive reinforcement, which is the backbone of the Social Learning Theory, helps people learn and encourages them to try new things. Some examples of positive reinforcers are smiles, a pat on the back, attention, an encouraging word or look, and praise. We all need and thrive on positive reinforcement. Unfortunately, though, most of us need to practice giving positive reinforcement. If something makes you or your child feel genuinely good, rather than guilty, ashamed, frustrated, or angry, then it is a reinforcer. The following describes how to use positive reinforcement.

- Reinforce Immediately** . Positive reinforcement is most effective when given immediately after the desired behavior has occurred. Your child will make the connection between the behavior and the reinforcement more easily if there is no lag time. The desired behavior will then be more likely to be repeated. For example, your daughter has been coming home late for dinner but tonight she is on time. Tell her as soon as you see her that you are proud of her for coming in on time. Don't wait until

hours later. The reinforcement will have lost some of its “oomph” by then.

- Be Specific . It is important that your child knows why he/she is being reinforced. If your son remembers his morning dose of medicine, tell him that it is great that he remembered his early medications. This way, there is no confusion about what he did that you think is great. If you had not been specific, he may have thought that you were congratulating him for getting up on time.
- Reinforce often . If your child is trying to learn a new behavior or skill, he/she will need encouragement often, especially at first, to help build confidence and pride as he/she learns. As the new skill or behavior becomes habit, the amount of positive reinforcement can be reduced. It is important, however, to step up the reinforcement if the desired behavior begins to weaken. Helping your child learn takes consistent and diligent effort but the payoff is less nagging, fewer arguments, and a happier, more independent child.

Small Steps

Each skill is made up of many small steps. You must learn to crawl before you can walk. But before that, to sit up, and before that, to roll over, etc. The Graduated Length Method of teaching someone to ski is a widely used example of learning in small steps. First the pupil learns to balance and control very short skis. As the level of skill improves, longer and longer skis are used until eventually the pupil is able to control skis of normal length. Cleaning a child's room is made up of many small tasks: putting toys away, picking clothes up from the floor, making the bed, dusting, vacuuming.

Specific Goals

Describe the final goal in detail. A small child may not be able to understand what you mean by the thundering cry; “Clean Up Your Room!” “Clean” is a very general term and each of you is likely to have different meaning for that demand. To your child a clean room may mean toys out of the middle of the floor and the bedspread pulled up over the pillow. But if you make up a list of what you mean, either with pictures or in words, to give your child specific reminders to go by, you are more likely to understand each other. For example, tell him/her that shoes should be in the closet, dirty clothes in the hamper, clean clothes folded and put away, and the bed made. Be sure that your child knows what you mean by “dirty” and how to comply with items on the list. For example, he/she must know the basic skills needed to fold clothes and make a bed.

Helping your child take over Asthma Self-Management Tasks

The following example illustrates how to apply the principles described above to teaching a child to manage his/her medication. When one step is learned well, move on to the next one until the final goal is achieved.

1. The child learns to identify shape, size and color of the medication to be taken . To teach your child what Singulair looks like, for example, show him/her that it is a small round white tablet. Have your child repeat each characteristic after you and reinforce him/her after each part that is correctly

remembered.

2. The child learns the names of the medication he/she is taking . It may be helpful to work out with your child gimmicks for helping him/her remember these strange names. For example Azmacort could be broken down to “asthma,” “court,” words your child already knows. Again, have your child repeat the name and reinforce him/her when it is correctly remembered.
3. The child is able to verbalize the times and situations when the medications are to be taken . For example, evening medications are to be taken at 8:00 p.m. , which is bedtime. Reinforce correct responses. (Helpful Hint: Each time the medications are taken, have the child make a mark on a daily calendar. This will not only serve as a kind of reinforcer but also a check that the medications for that time have been taken. At the end of the day, if medication is to be taken four times a day, for example, there should be four marks on the calendar for that day.)
4. The child takes the medications under your close supervision according to a routine you set up with your child . For example, you put the morning pills in the middle of the breakfast plate. Before the plate can be filled with food, the medicine must be taken. Your child can say something like “Okay Mom, I am taking my pill now.” Parent watches and reinforces when the medication is taken.
5. The child goes to you and asks for his/her medicine at the proper time . You give the child the medicine and watch while it is taken. Reinforce.
6. The child takes you to the medicine bottle and takes out his/her dosage. He/she takes the medicine in front of you . Reinforce.
7. The child gets the medicine him/herself . After 2 weeks or so of consistently remembering and getting the correct medicine without constant reminding, he/she is ready for this step. For the next three times, supervise again. If there are no problems, continue gradually tapering off your supervision. Reinforce.
8. The child is taking medicine completely on his/her own . The child is praised for dealing with his/her own medication responsibility.
9. The child anticipates problem situations such as vacations, changes in school routine, spending the night with a friend, etc. If necessary, help your child develop a method for remembering the medication at unusual times.

Hints: If some of these steps are too large for your child, break them down into smaller ones. If a new skill is not sticking, go back to the previous step and try again. Remember to reinforce often and immediately after the desired behavior.

Helpful Hints & Possible Pitfalls

1. Whenever possible, ignore a behavior you do not like. An undesirable alternative is nagging, which is not only miserable for all involved, but is also unsuccessful at helping someone learn a new behavior.
2. Do not debate or argue with your child about what you expect or about the consequences if those expectations are not met. This turns into a power play and the result is usually anger, not change.

3. Discuss with your child what you are trying to do and why. Be sure that each step along the way is explained so that your child will know what to expect as well as what is expected of him/her. Caution: it is easy to let yourself get caught up in an argument at this point. If one begins to develop, say what you mean and then drop it and walk away.
4. Provide natural consequences whenever possible. We all feel freer to learn and try new things if we know what to expect. It makes more sense to let your 7-year-old go outside and play kickball with his friends than to tell him no because he might wheeze. If he overexerts himself, which he may not do, wheezing would be the natural consequences. In this way, he will learn for himself that his actions will result in logical consequences.
5. Change is slow. Try not to get impatient if the desired behavior is a long time in coming. It has taken a long time for your child's current habits to develop. It will take a long time for new ones to take their place.
6. For small children especially, provide a certain amount of time for them to get ready before there is something you want done. Example: Right Way : "Bedtime is in 15 minutes. Start finishing up the game." Wrong Way: "Put away the game. It's time for bed."
7. Be consistent when setting up and enforcing rules and expectations. Again, knowing what to expect will help your child succeed.
8. Reinforcers besides the "social" ones above can also be used. They include such treats as later bedtime, food, TV time, money, prizes, etc. However, never use these without also using the social reinforcers at the same time. The social ones are the most powerful. There is no substitute for personal attention.
9. Be sure that the reinforcers you use are meaningful for your child. If you think they are great ones but your child is not responding to them, pick new ones together.
10. It is often easier and faster to do yourself whatever it is you are trying to have your child learn to do. Fight this urge. The more chances your child gets to practice, the faster he/she will learn.
11. Think about something that you enjoyed learning. See if you can pick out the factors that made the learning experience a positive one for you and apply those concepts when helping your child learn.
12. If your child is not learning the skills and behaviors you are working on, go through this checklist and see if you are consistently doing each of the following.

- Stating clearly and specifically to your child what your expectations are.
- Giving positive reinforcement immediately and often for desired behavior.
- Using reinforcers that are meaningful to your child.
- Setting up small steps to reach the final goal.
- Providing natural consequences for undesired behavior.
- Following through on the consequences when the desired behavior is not achieved.
- Ignoring undesirable behavior as much as possible; that is, not reinforcing by paying attention or not paying attention.

- Being consistent about what you expect of your child.