

DOCUMENT RESUME

ED 365 043

EC 302 668

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TITLE Training Special Education Teachers and Paraprofessionals of Developmentally Disabled and Behaviorally Disordered Children and Youth in Applied Behavior Analysis.
PUB DATE 3 Mar 93
NOTE 49p.; Ed.D. Practicum Report, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Behavior Change; *Behavior Disorders; *Behavior Modification; *Classroom Techniques; *Developmental Disabilities; Elementary Secondary Education; *Inservice Teacher Education; Maintenance; Paraprofessional School Personnel; Program Effectiveness; Special Education Teachers; Special Schools; *Staff Development

ABSTRACT

This practicum was designed to train special education teachers and paraprofessionals at a private, special education facility in ways to identify precursor behaviors and antecedent events eliciting maladaptive behaviors in children with developmental disorders and behavior disorders. Staff were given five inservice sessions (totalling 10 hours) on child management skills and applied behavior analysis. Although analysis indicated that the inservice training was effective and staff applied their new skills in the classroom, it also indicated that staff use of behavior management approaches trailed off after several weeks and staff reverted to their former ineffective methods. The program rating scale is appended. (Contains 17 references.) (DB)

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ED 365 043

Training Special Education Teachers and
Paraprofessionals of Developmentally Disabled and
Behaviorally Disordered Children and Youth in Applied
Behavior Analysis

By

Dominick Barresi
Cluster #43

A Practicum I Report Presented to the Program in Child
and Youth Studies for the Degree of Doctor of Education

Nova University
1993

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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January 25, 1993

This practicum report was submitted by Dominick Barresi under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

3 / 3 / 93
Date of Final
Approval of Report

Mary W. Staggs, Ed.D.
Mary H. Staggs, Ph.D., Advisor

ACKNOWLEDGEMENTS

The writer wishes to express his gratitude to Dr. Mary Staggs for her patience and guidance in developing this practicum, and to Mary Ellen Shaw, M.Ed., without whose assistance and support this practicum would never had been implemented.

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ABSTRACT

Training Special Education Teachers and Paraprofessionals of Developmentally Disabled and Behaviorally Disordered Children and Youth in Applied Behavior Analysis. Barresi, Dominick S., 1993: Practicum Report, Nova University, Ed.D. Program in Child and Youth Studies. Inservice Training/Special Education Teachers/Paraprofessionals/Elementary/Secondary/Residential Facilities/Developmental Disabilities/Behavior Disordered.

This practicum was designed to address the problem special education teachers and paraprofessionals were experiencing in identifying precursor behaviors and antecedent events that were eliciting maladaptive behaviors in developmentally delayed and behaviorally disordered children and youth in a private, special education facility.

The goal and expectation of this practicum was for those teachers and paraprofessionals to demonstrate effective child management skills through the use of applied behavior analysis. To remedy this, five inservice sessions were prepared, totaling ten inservice hours. Two objectives were measured: 1) the effectiveness of the inservice training, and 2) staff competence in applying what they learned in the classroom. While these objectives were met, the projected outcome of the practicum was not realized.

Analysis of the data revealed that staff use of behavior management approaches trailed off after several weeks and staff reverted to the former ineffective methods. It was felt that continued application of information gained from inservice training be applied to new staff members and an informative inservice program would be of more benefit to tenured staff.

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Dominick Barresi

CHAPTER I

INTRODUCTION

Description of Work Setting and Community

The writer's work setting was a private, non-profit special education program for developmentally disabled and behaviorally disordered children and youth in a mid-size suburban New England city. The program serves 12 local school districts in providing special education services to 42 profound to severely disabled children and youth, ranging in age from three to twenty-one years.

The disabled students from these 12 school districts may be served by their respective districts. However, the students within the writer's agency were deemed to be sufficiently disabled by their local Committee on Special Education to receive special education services that encompass classroom instruction for the development of self-help and adaptive behavior, physical therapy, speech and language therapy, occupational therapy, and, when they reach the age of 14 years, prevocational and vocational planning.

The agency owns and operates its own facility. It provides seven classrooms, each containing 6 students, grouped according to age and handicapping condition, two aids and a certified special education teacher. Three full-time nurses see to the medical needs of the more medically involved students, some of which require to be tube fed, catheterized, and be given daily medications. Three certified school psychologists working on a part-time basis see to the psychological testing and behavior management needs of the students. The agency also employs two speech and language pathologists, three physical therapists, and one occupational therapist who work part-time. This component is monitored by the respective educational agencies. A special education administrator oversees the operation of the child development program.

The agency also provides adult services and group homes for approximately 60 adults, and maintains a work activities center in another part of the facility. This makes transition to the adult programs quite efficient when a student reaches the age of 21. This aspect of the program is monitored by the Department of Retardation.

Writer's Work Setting and Role

The writer is a certified school psychologist serving three classrooms within this agency. One classroom provides services to six profoundly handicapped children who are more in need of medical services than psychological. However, the law mandates close monitoring of psychological, emotional, and behavioral needs of these students. No formal psychological testing is appropriate for these students and annual adaptive behavior and clinical observations suffice. The results of these observations are incorporated into their Individual Education Plans and monitored by the multidisciplinary team and their respective local educational agencies.

The other two classrooms are designated Adolescent I (A-I), and Adolescent II (A-II). In A-I, the ages of the students range from 11 to 14 years; for A-II, the age range is from 15 to 21 years. These two classrooms represent the most significant concerns with regard to behavioral programming and management. The main objective for A-I is to address educational, behavioral, and self-help skills, allowing the children to maximize their potentials within this "least restricted environment" and to ready them for the eventual transition into A-II. The cognitive levels of both A-I and A-II students fall within the severe to

moderately disabled range. The objective of the A-II classroom is to assess and train these adolescents for eventual employment, whether in the program's work activities center, or for job placement in the community.

The duties of the writer are diverse, but typical for a certified school psychologist. The evaluation of all of these students is mandated by both state and Federal law (Code of Federal Regulations, 1990), and must be completed in a timely fashion. Annual reviews to the local education agency is a necessary process because of direct services by this clinician to each student, along with assessment of adaptive behavior. Triennial evaluations are comprehensive, and include intellectual, adaptive behavior, and behavioral assessment reviews, if appropriate. Most of the students, however, are not amenable to such standardized tests as the Wechsler Scales, but can be assessed to a reliable degree with the Stanford-Binet, Forth Edition and similar instruments. Additionally, prevocational assessments are also provided. Often, however, the writer's skills in behavior management are utilized since many of these students have behavioral problems that interfere with their educational experience.

Chapter II

STUDY OF THE PROBLEM

Problem Description

The problem was that staff members, including certified special education teachers and paraprofessionals, had limited knowledge in behavior management techniques and were not aware of antecedent events that may be causing stress to the student. They did not observe behavioral precursors when interacting with their students that signaled the coming of a behavioral episode. Many of the students are non-verbal and do not have the expressive language abilities to communicate their needs, wants, discomforts, and preferences. It was observed that a persistent aid or teacher could often exacerbate the problem by insisting that he or she knew what the student wanted. This was often not the case.

Some of the students displayed significant levels of self-abuse, particularly when certain demands were made of them, or if they were placed in new

environments, such as a field trip without adequate notification and preparation.. Many of these students displayed behavioral precursors that signaled the coming of self abuse and aggression. Such signs displayed by the student were often subtle, but could be detected if staff members had been trained and understood what to look for.

Many staff members had a difficult time determining when to intervene, or even if to intervene, and at what level the intervention should take place. Often, intervention was either too little, too late, or not at the appropriate moment to be effective. Consequently, the behavior of the student was not being addressed effectively and decompensation occurred. In addition, there was a sense of ineffectiveness felt by staff that was creating a morale problem. Their intentions were good, but their effectiveness was diminished because of poor behavioral management techniques that were not being consistently applied. Inevitably, escalation of the behavior problem occurred, sometimes resulting in an injury to the student or staff member. Intervention, when it did occur, exacerbated the problem by inadvertently reinforcing it.

Problem Documentation

Evidence of the problem was strongly supported by observations of the staff and student interactions in the classroom, during field trips, during lunch periods, and recreational periods. In addition, interviews with the teachers, paraprofessionals, administrators, and in some instances the students themselves indicated a significant lack of knowledge of behavioral management. On many occasions this problem was underscored by the need for this writer to physically intervene after the problem behavior had been displayed. In most instances, this served only to control the student and to prevent injury.

While behavioral programs existed for each student, both in areas of behavioral excesses and behavioral deficits, the staff appeared unable or unwilling to implement programs effectively, despite *individual* inservice. In one instance, a student displayed significant levels of self-abuse (head-banging), particularly when certain demands were made, or if she was placed in a new environment. One of the precursors to this behavior was crying. Whenever she began to cry, this strongly signaled the coming event, head-banging. The writer pointed out this phenomenon to the staff and suggested redirection techniques. However, these "suggestions," while often built into the program, were

only tacitly used, mainly because of exacerbation with the schedule of work effort it entailed. In another instance, a student who wanted to leave the classroom was often denied exit without explanation. She would then drop to her knees and began banging her head on the floor or wall and often had to be restrained. It was explained and even demonstrated that allowing her to leave the room escorted, for even a short time, avoided this major behavior. It may have inconvenienced staff members for a short period, but not for the duration it took to restrain and finally get her under control, only to have her attempt to leave again. Another student displayed rocking and moaning behavior several minutes before he became physically aggressive. All it took to diminish this incident was to redirect him to a task that he enjoyed doing.

In the above cited cases, the behaviors could have been addressed effectively had the staff been trained in applied behavior analysis. In discussing these examples with the appropriate administrators, they concurred that a serious problem existed in the lack of training, not only with behavior management techniques, but with a variety of supportive inservice training as well.

Causative Analysis

It is the writer's belief that there were a number of reasons that seemed to strengthen and maintain problematic behaviors in the present milieu. These reasons were not exclusive to this particular program, however, and a case could have been made that they are systemic in the sense that they could be observed in any program where such a disabled population is served.

There seemed to be a skill deficiency on the part of staff members in dealing with the behavioral problems. For example, several staff persons would allow an aggressive act to occur before intervening, often seriously jeopardizing the safety of other students and other staff members. This deficiency could have been associated with the fact that no inservice training in behavior modification had been done in almost two years. Students, in general, had not been taught how to use more appropriate behaviors in a given situation. Many behaviors could be said to have been acquired through faulty learning, such as grabbing or slapping themselves to gain attention, or were another means the student had in communicating dissatisfaction with an activity or a preference for one activity over another.

Teachers expressed frustration, especially when they failed to effectively address behavior problems.

One teacher expressed exasperation over what she felt was her "inability" to deal with a simple redirection technique. Clearly, a lack of confidence existed with many of the staff members. One paraprofessional resigned after being injured by a student (she was bitten on the hand when she attempted to put it over the mouth of a student who was screaming).

Injuries among staff had increased 37% since a state institution for the mentally retarded accelerated deinstitutionalization, and worker's compensation claims had doubled in the last two years, causing higher insurance premiums.

This feeling of frustration seemed to breed a sense of failure and many teachers revealed a tendency to just "give up." They tended to ignore behaviors that needed to be addressed, and when they did address a behavior problem, little or no consistency was observed.

Field trips were a matter of routine, most often done to "escape" the demands of the classroom in an effort to minimize behavioral episodes. However, on such occasions, the children spent much of the time riding in vans, strapped in their seats (restrained), "enjoying" the scenery, and doing very little that could be construed as functional or fun. Consequently, problem

behaviors escalated when students were not prepared in advance for these trips.

It was observed that individual approaches to behavioral problems were just a "band-aid" approach that did not fully address the comprehensive needs of the students. Often, individualized education plan objectives were not being met and local education agencies who monitor the programs warned that some students could lose their placement if effective programming was not carried out.

There was a deficiency in diagnostic and assessment instruments that were available to the staff members. Some of the assessment instruments were age-inappropriate resulting in invalid test interpretation.

There was too little literature available to staff with regard to behavioral management techniques, such as text books, instructional aides, manuals, and journals. This was frustrating, especially when one wanted to refer to a professional standard and had to rely on personal text books, journals, etc. This made it difficult to make such reference materials available to staff for fear of having it misplaced or even stolen.

The administration had not emphasized the formation of effective behavior management training for staff

members due primarily to budgetary considerations. Their budget was limited and fixed, and whenever inservice training monies was allotted, it was often utilized for "high priority" activities or emergency services.

Lastly, adequate time for inservice training had not been provided to the psychologist responsible for training staff. This could also be attributable to budgetary considerations, and apathy on the part of many staff members because of poor morale due to the lack of adequate training. Their attitude was, "what's the use, nothing is going to change?."

Relationship of the Problem to the Literature

A review of the literature revealed that training in applied behavior analysis for teachers and paraprofessionals who work with developmentally disabled and behaviorally disordered individuals is essential. Inappropriate and ineffective discipline continues to exist in many programs and the literature highlighted the educational system's lack of progress in this area (Sabatino, Sabatino, & Mann, 1983). Educators have learned that public humiliation, compliance by fear, and inhibition of action by pain did not solve the problem;

if anything they exacerbated it. Still, these measures continued to be practiced.

Sabatino, et al. (1983) indicate that colleges and universities prepare professional educators in classroom management techniques primarily through special courses, workshops, and inservice training. But most educators are exposed only to theoretical models on preventive and positive behavioral management, and not on applied behavioral analysis. Teachers generally do not utilize a single strategy theory, but choose from a variety and mold them into a personal style for handling behavior problems. Consequently, many teach the way they were taught, with some incidental modification, but address most behavioral problems the same.

Katz (1972) indicates that educating teachers in only one theory is just as dangerous as not training them at all. Intervention practices that tend to be similar for each student result in an assembly line approach and make teachers into technicians, not professionals. Katz (1972) feels that if teachers are to be professionals and not technicians they need to weigh alternative intervention strategies, examine the results, decide on long-range and short-range behavioral goals, and then modify existing program aims accordingly.

Teachers may make use of professional journal articles that promise solutions, or attend complex workshops. But in the end, they are still hampered by the limits of self confidence and what they believe they can effectively do (Sabatino, 1978).

Alberto and Troutman (1982) indicate from their research into this same problem that it is not yet possible to either teach or learn enough in a short time to implement effective programs. Emergency training is not effective in addressing behavioral issues simply because of the "band-aid" effect. Teachers and paraprofessionals need follow-up and frequent program reinforcement to be effective behavior managers in the classroom.

Alberto and Troutman (1982) go on to indicate that principles of applied behavior analysis are not easy to understand and current training practices are not structured to be permanent. There is a lack of understanding by untrained staff with regard to the utilization of the various instruments available to complete a functional analysis of behavior. While some instruments do exist to assist in diagnostics, such as the Behavior Assessment Guide developed by Willis, LaVigna, and Donnellan (1989), few teachers and paraprofessionals are trained in such an instrument. Workshops on its use are available, however, but cost for

attendance and training is sometimes prohibitive to those very programs that need it the most.

Reid, Parsons, and Green (1989) indicate strongly that such a need for training in applied behavioral analysis is important if human service agencies are to continuously upgrade programs to coincide with new treatment developments. They go on to indicate that staff training in behavior management should be considered essential to any program. They conclude that the unfortunate current trend in many facilities is only marginal training at best. This is due primarily to frequent staff turnover and cost.

Training in behavior management techniques can be an extremely valuable tool in developing staff skills necessary for intervention (Anderson, Kratochwill, & Bergan, 1986) . However, the major concern, expressed by Pumroy (1984) is that there is a serious lack of adequate training of teachers in their preparation courses and a general lack of required course work in behavior management in the field of education. One of the main reasons for this, Pumroy (1984) continues, is that educators have been slow in adapting to behavior modification techniques because behavior modification is essentially contrary to the American culture. There is little training of teachers and paraprofessionals in

applied behavior analysis, both in college and when they eventually move into the classroom.

A review of the literature indicates that there is some effort to "package" approaches for staff training (Pickett, 1988; Davis, 1987; and, Amado, Rudrud, and Hirschenberger, 1984), but little to make comprehensive and standard behavioral training practices (Kratochwill and VanSomeren, 1985).

It is the belief of this writer, from observations and experience within the present work setting, and in various other settings that the writer has been involved with, that there are a number of barriers that exist to successful instruction of applied behavior analysis for teachers and paraprofessionals. For example, many of the trainees are limited in their familiarity with assessment techniques and treatment procedures and with expected outcomes. The dissemination of information to the trainees is often not done during convenient periods of the day. In addition, the motivation of the trainees is usually lacking to some degree, along with the skill level, in particular the paraprofessionals.

Kratochwill and VanSomeren (1985) aptly point out that training teachers in behavior modification does not necessarily guarantee a generalized use in the classroom. There seems to be a general resistance by

staff members to the introduction of any new procedure, regardless of efficacy. Some teachers hold on to the theory that negative programs are effective (take away points for bad behavior) more than positive programs (rewarding for good behavior). Their rationale seems to be that negative programs are easier to implement, regardless of their efficacy, or lack thereof.

It can be seen from the information above that the literature documents the need for comprehensive and consistent training of teachers and paraprofessionals in applied behavior analysis. Since the colleges and universities fail to require this practice, then it appears essential that institutions where these teachers and paraprofessionals are employed provide the necessary training on an ongoing basis not only to reduce the risk of injury to staff and students, but to provide the skills to assist teachers and paraprofessionals in helping students maximize their potentials in the least restrictive educational environment available.

Chapter III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal and expectation of this practicum was for teachers and paraprofessionals who work in a day program for developmentally disabled and behaviorally disordered children and youth to demonstrate effective child management skills through the use of applied behavior analysis.

Expected Outcomes

The objectives of the writer were ambitious but practical. It was felt that the teachers and paraprofessionals, and anyone else who worked with developmentally disabled and behaviorally disordered children and youth, would be knowledgeable in their understanding of applied behavior analysis and behavior modification techniques. This knowledge would reduce the number of incidents of injury to both staff and students to an acceptable level. While any injury is

considered serious, injuries are a part of any system that work with disabled children, regardless of the program's efficacy and sensitivity. This information would increase the staff's awareness of behavioral excesses and deficits within the population they served and provide a sense of understanding and appreciation with regard to behavioral principals. It would increase staff's responsiveness to intervention and assure that proper steps were understood and followed.

It was felt that this knowledge would then provide staff with a sense of accomplishment and well being which would have a direct affect on morale and thereby increase effective child management skills.

Measurement of Outcomes

To evaluate the inservice training program and to measure staff competence, a simple rating scale was proposed, along with a series of self evaluations.

It was hoped that the scale would provide the writer with feedback from the trainees as to the inservice effectiveness and usefulness, along with the presenter's ability to be an effective facilitator. This scale was developed by the writer (see Appendix A).

The self-evaluations were designed to assist the staff in analyzing their own progress as the inservice progressed. These evaluations were not considered a grading instrument but a learning tool that the staff could refer to periodically. After the inservice, it was felt that staff would frequently refer to these guides in answering questions in the absence of the writer, rather than seek out the psychologist every time a question arose.

In addition to the evaluations, the writer interviewed and also observed staff in the classroom during behavioral incidents (assisting when appropriate), and requested feedback as to the efficacy and efficiency of the training. The training was designed to provide staff with a sense of confidence in dealing with behavioral issues and also enhance their efforts and motivation in developing more effective teaching strategies. Careful monitoring of post-inservice training incident reports determined the reduced number of incidents that could have been considered a result of the training.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The problem was that staff members, including certified special education teachers and paraprofessionals, had limited knowledge in behavior management techniques.

Staff members, including certified special education teachers and paraprofessionals, demonstrated limited knowledge in behavior management techniques and were not aware of antecedent events that could have been causing stress to the student. This problem is not a new one. Anderson, Davey, Green, Mixan, Hitzig, & Keith (1985) indicate that practitioners entering employment in public education, vocational rehabilitation, developmental disabilities, child care, and even corrections could benefit from inservice training in applied behavior analysis. The module developed by Anderson, et al., (1985) uses basic procedures of behavior analysis and teaching methodology, as well as

procedures and formats for selecting and writing behavioral objectives. It is organized around five chapters, each chapter divided into two lessons covering a separate topic. It is a well organized series designed to provide assistance to individuals in the field of developmental disabilities.

Pickett (1988) indicates that as more paraprofessionals in special education are being expected to assume more roles and responsibilities, there is a greater need for adequate preservice and inservice training of these individuals. He suggests that the activities and supplemental materials provided during any inservice training of applied behavior analysis should allow the participants to have a hands-on experience. He developed a five module program that is divided into units that serve as the basis for separate inservice training units. Each unit lists the competencies expected of the paraprofessional upon completion of training, an overview of the unit, instructional objectives, the approximate training time, and materials the presenter will need for teaching that particular unit. Instructors are given detailed procedures to follow in conducting the presentation. In addition, numerous suggested activities are described along with necessary handouts, worksheets, and transparencies. The detailed organization of the manual makes it relatively easy for the novice presenter to

prepare useful inservice and preservice training. One disadvantage is the substantial time investment required of at least 24 hours, recommended to present the units, with an additional 16 hours to teach cardiopulmonary resuscitation. This could pose a logistic and consistency problem with many agencies. This program would probably be better suited for college credit course than as a program inservice.

Davis, McEachern, Christensen, and VantVoort (1987) believe that the issue of measurement, assessment, and evaluation of behavior should be given sufficient coverage during any inservice training in applied behavior analysis. They have designed a manual comprised of 10 expanded outlines for easy presentation in 10 weekly workshops. Basic behavioral principles for developing, implementing and evaluating habilitative programs are introduced, with participants designing, implementing, and evaluating behavior change programs based upon the skills acquired in each weekly session. The program is directed for training either supervisory or direct-care staff. The material has been shown by the authors to promote positive staff attitudes regarding their own competences in managing problem behaviors and, when combined with supervisory feedback, resulted in increased positive interactions between staff and persons with developmental disabilities.

Boeckmann, Cardelli, and Jacobs (1987) feel that the discussion of procedures for identifying any environmental antecedents and consequences to the problem behavior, as well as any communicative intent served by the excessive expression of behavior should be explored in any inservice training program. Their manual is intended for special education teachers serving students with moderate to severe disabilities who may also exhibit excessive behaviors. The intent of their manual is to facilitate program development and evaluation by providing practical information for teachers to use in the assessment of excessive behaviors.

Anderson, Kratochwill, and Bergan (1986) believe that classroom behavior modification programs have been used in the past to improve diverse behavior difficulties including academic performance, social interaction, classroom management, and numerous other problems that may interfere with progress. Training methods found to be effective include modeling, role playing, and feedback. These techniques can often be best described in a formal inservice training program and then demonstrated in practice in the classroom, where impact is made. The authors found that training in behavior modification was significantly more effective in increasing teacher knowledge of behavioral procedures demonstrated in the classroom.

The primary drawback to the above "packages" is cost and cost effectiveness with regard to time. Each module requires significant time periods to be set aside for training, a luxury most schools and agencies who serve this population cannot afford. The average cost for these "packages" range from \$150. to \$600. In many instances, the low priced module is not information specific, and the high priced module has more information than is really needed. It has been the writer's experience that some special education administrators are reluctant to invest in such packaged programs.

Description of the Solution Selected

The solution selected to address the child management skills of teachers, paraprofessionals and staff members was to modify, adapt and implement an inservice training program in applied behavior analysis. This training was considered appropriate for teachers, paraprofessionals, and even parents who are having difficulty with the child's behavior in the educational setting. It was also considered appropriate for enhancing implementation of effective treatment of students by staff.

Training components provided through inservice training periods would address basic behavior modification approaches in the public schools, group homes for the disabled, and other settings where developmentally disabled and behaviorally disordered children and youth are served. In his introduction to The Treatment of Severe Behavior Disorders (1989), Cipani indicates that behavior problems are a significant concern for personnel working in these areas because behavior problems have been cited as the major factor in staff turnover and burnout, as well as in the failure to maintain the individuals served in less restrictive environments. He emphasizes the concern that for even the best trained personnel, management of severe behavior problems can cause even more significant problems for staff and have a far reaching effect on the future of each client served.

The writer reviewed the history of behavior modification and the various applications of behavior modification, exploring basic principles and procedures. The intent was to train direct care staff for their roles as service providers. The training program that was selected for inservice training was adapted from an existing program that was developed by Barresi, Romano & Taft (1990). This program focused on developing competencies in understanding the basic principles and procedures of behavior modification. Also discussed in

training were program designs, implementation, evaluation, and general service delivery. Some emphasis to reinforcement and punishment procedures was also given, with additional discussion of methods for determining reinforcers and the role of antecedent events. Upon completion of the inservice, each participant was to have an understanding of what positive and negative reinforcement were, how and when to use extinction to shape behavior, what schedules of reinforcement to use to increase an appropriate behavior as well as decrease an inappropriate behavior, how to use fading, and the pros and cons of punishment and avoidance conditioning. In addition, each participant was to learn to design and implement behavior modification programs and therapies. The ethics of behavior modification, including criticisms and safeguards against abuse was also covered.

Report of Action Taken

The solution strategy for this problem consisted of five, two hour sessions, held after school on a Thursday, which was designated for inservice training and spread out over a three month period. Two sessions were developed to accommodate those staff that were not able to come at the designated time period of 3 P. M. each Thursday for five consecutive Thursdays. An alternate time, Tuesday of the following week at 3 P.M.,

was selected, accommodating the information from the previous Thursday. Training for all staff members occurred in the school's cafeteria.

After assembling all the necessary data, including an inservice outline and general hand-out information, a list was compiled of all the staff who were to attend. Both the primary and alternate sessions went well. Staff appeared eager to participate. In the initial session, Defining and Measuring Behavior, it was expected that staff would have some difficulty grasping basic concepts of behavior modification. The information presented appeared to help staff get a better understanding of what behavior constituted and how it could be measured with accuracy.

The second session, Goal Setting / Increasing Positive Behavior, proved to be productive. Staff input was insightful. The staff knew the needs of each child well and were quite pleased when they discovered how much they could effect change, for better or worse, simply by their actions. Questions were relevant, usually expressing some measure of frustration over the realization of what they were doing inappropriately.

The third session, Decreasing Negative Behaviors, proved to be somewhat difficult and actually ran longer than the designated two hours. Unfortunately, staff

responses to this session were not as positive as they were with the first two. It was difficult for some staff persons to grasp the idea of identifying the negative behavior to be decreased, since they felt that most of the behaviors that interrupted activity were negative. It was shown how they could "read" the behavior being exhibited, and target those behaviors that were the most disruptive and address them in a reverse hierarchical order if need be. This aspect of the inservice was unavoidably technical and relied heavily on the motivation and the level of experience of the participants.

The fourth session, Teaching New Behaviors, appeared more positive since it involved teaching new or "good" behaviors, that could replace the old, or "bad" behaviors. When it was placed in this context, staff seemed to better understand its implications and seemed renewed in their effort to examine their own behaviors and how they could affect change.

The last session, Developing and Implementing Behavioral Programs, was a catch up. Staff did buy into the notion of the necessity of behavioral programs for some of the students but had difficulty understanding that behavior modification need not be as formal as previously thought. They had some apparent disagreement

between themselves and with the writer that behavior change could be affected with only slight alterations of the environment, subtle changes in staff's reactive behavior, and the concept of proactive intervention.

The shortened duration of these training periods, as opposed to those proposed by Barresi, Ramano & Taft (1990), suggested a more unified and intense approach. It was felt that prolonging and covering non-essential areas (those topics not considered useful in practice but interesting in theory, particularly in the setting where the inservice was carried out) would facilitate learning and maintain the participants interest. To augment the inservice, the writer was available for classroom monitoring and consultation on an ongoing basis, and after each session.

Attendance for each inservice was not mandatory. Compulsory attendance not only was against the union contract (there is a limited number of inservices that the staff are required to attend) but it was also felt that it would foster a resentment and detract from the learning objective, especially if the participants felt compelled to attend. An incentive for those who did attend was in the form of compensation through a "comp-time" arrangement. Each participant was to receive time off from the regular work day that equaled the number of hours of inservice training attendance. In addition,

each participant who attended all five training periods would receive a Certificate of Completion. No inservice credits, or continuing education units (CEUs) could be awarded to the participants.

To measure the competence of each participant, an objective assessment was given at the end of each segment covering the selected topics. A grade of 60% was considered satisfactory but participants could retake the assessment if a passing grade was not met. The results of the tests and general feedback from the participants would be used to expand or reduce the content of any future inservice as staff changes warrant and were deemed appropriate by the writer.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

The problem in the writer's work setting was that staff members, including certified special education teachers and paraprofessionals, had limited knowledge in behavior management techniques and were not aware of antecedent events that were causing stress to the student which were, in some cases, precipitating expressions of behavioral problems. They were not observing the precursors while interacting with the students that in many cases signaled the coming of a target behavior.

The solution strategy was relatively simple and straight forward: to instruct the staff in the use of applied behavior analysis and various strategies to address the maladaptive behaviors that were considered to be barriers to educational and life skills development of developmentally delayed students.

The objectives of the writer were ambitious but practical. The teachers and paraprofessionals all seemed to respond positively and it was generally agreed that the information was quite useful. This was shown with an approximately 90% attendance for each session. Participation in the form of questions and class discussion of concepts drawn and conclusions was high, and the staff conveyed the idea to the writer that they were eager to apply the techniques learned.

There were two measurable outcomes that the writer attempted to focus on. First, the evaluation of the inservice training program. Second, the measurement of staff competence in applying what they learned in the classroom setting.

The first outcome was carried out with a rating scale that provided feedback to the writer as to the inservice effectiveness and usefulness, along with the writer's ability to be an effective facilitator. This rating scale provided the most useful information, mainly because it was an honest and anonymous source of feedback. Each item was analyzed and staff was encouraged to provide as much feedback as possible.

Staff responded quite favorably to the inservice. Ninety percent thought the inservice was well organized,

five percent did not, and five percent chose not to answer (this percentage of not answering was consistent through out the scale). Only eighty-five percent considered the information helpful. While this was as expected, a less than ninety percent was disappointing. Eighty-seven percent of the staff did not feel the information was "too technical." This was surprising, because much of the information contained in the inservice required some technical aspects. Staff responded evenly to the question: do you feel more or less information is required? Ninety percent felt the assessment after each session was fair and useful and the same number indicated that that would feel comfortable applying these strategies in the classroom. Few answered item 7, that requested an assessment of time spent on the topics, mainly because most did not know what an adequate amount of time should entail. The last item asked what improvements could be made in future inservice and almost 100% responded "to make the sessions shorter."

Most staff felt that the self-evaluations were helpful in analyzing their own progress. And in the end, most staff felt competent in applied behavioral analysis. That is, most felt that they could converse using some of the technical terms and understand the jargon associated with elementary aspects of behavior modification.

A one week follow up and observation of staff in the classrooms found most to be employing the strategies discussed and outlined in the inservice. The writer made every effort to accommodate and provide as much feedback as possible. However, within a three week period after the inservice, this writer observed a significant drop in the use of applied behavioral approaches as outlined in the inservice and a resurgence in the use of negative approaches and even general complacency. This seemed to be consistent with what Kratochwill and VanSomeren (1985) observed: that training teachers in behavior modification did not necessarily guarantee a generalized use in the classroom. Eventually, it was observed, there was a general resistance to these approaches, mainly because it was too much work, as one teacher pointed out. The rationale that negative programs are easier to implement seemed to be born out.

Discussion

The projected outcome of the practicum was not fully realized. This was a disappointing development. In reviewing the inservice, it was felt that the concept was a good one, even better than many employed in other settings. Inquiries were made as to the outcomes in other facilities employing behavior management approaches, and the general consensus was consistent with the results found in this practicum. In almost all

of the programs queried, staff use of behavior management approaches trailed off significantly after several weeks and staff reverted to their former ineffective methods of dealing with behaviors. This was disturbing. It meant that staff development and inservice training programs were not doing what was expected and the money expended was not justified.

In one example, a particular male student, Jon, who could not communicate his needs well, demonstrated precursor behaviors of rocking and crying before he began slapping his head. In training, it was demonstrated that staff could redirect him successfully once the precursors were demonstrated. Initially, the staff did. However, as multiple behavior problems occurred, such as Jon rocking and crying, and another student demonstrating a disruptive behavior, staff appeared frustrated and eventually reverted to restraint in dealing with Jon. It was concluded that the staff, at least in the present situation, were older and long term teachers. That is, they had been in their present position for at least three years. It was felt that most inservice training, at least in applied methods, was not as effective with older staff as it might be with a new one.

Recommendations

The continued application of information gained from inservice training provided in this practicum indicates that it should not be extended as an ongoing supplement to present staff members in the agency. It was felt that such an applied inservice program would be beneficial to new staff members and an informative inservice program would be of more benefit to the tenured staff members. This could be accomplished in two ways: First, periodic inservice in applied behavior management for all staff, consisting mainly of problem solving and brain storming ideas to address behavioral concerns, also using trained staff as facilitators or trainers themselves. Such sessions would allow for staff to point out their concerns with service delivery and assist them in seeking multiple solutions to a problem. Second, a more abbreviated inservice training should be required for new staff members. This would be to supplement the periodic problem solving and brain storming inservice.

In addition, it would be beneficial to all staff members and to the psychologists to have the psychologist occasionally work directly with the students in applying techniques so that he or she could determine what was feasible and workable and what was not. In many situations, the psychologist works from

theory and not from his or her own experience. The delivery of such programming by the psychologist would alert him or her to the "bugs" and provide a better understanding of the needs of both the teacher and the student.

It might also be appropriate that administration, medical personnel, and other support staff members become involved in these inservice programs. In assisting teachers and paraprofessionals in working with the students and then observing administration, including all other support personnel, it was concluded rather quickly that they were not immune to experiencing behavioral problems with students and should have knowledge of the various programs and techniques to address the behaviors without looking to the teachers as intermediaries.

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Appendix A
Program Rating Scale

Program Rating Scale

Please complete the following questions with information that you feel best describes the inservice and the instructor.

1. Was the inservice well organized?
2. Was the information helpful to you?
3. Do you feel that the information was too technical or not technical enough?
4. Do you feel more or less information is required?
5. Do feel that the assessments after each segment were fair and useful as evaluation instruments?
6. Do you feel comfortable that you could apply what was learned in the inservice to classroom practice?
7. Do you feel that adequate time was spent on relevant topics during this inservice?
8. To improve future inservices, what would you recommend?