DOCUMENT RESUME

ED 381 983   EC 303 939

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TITLE   Gentle Teaching: A Value Based Framework for Helping
               Others.
PUB DATE   [8 May 95]
NOTE   15p.
PUB TYPE   Viewpoints (Opinion/Position Papers, Essays, etc.)
               (120) -- Information Analyses (070)

EDRS PRICE   MF01/PC01 Plus Postage.
DESCRIPTORS   Affective Objectives; At Risk Persons; Behavioral
               Science Research; *Behavior Modification; *Classroom
               Techniques; Definitions; Elementary Secondary
               Education; Human Dignity; *Humanistic Education;
               *Humanization; Interpersonal Relationship;
               Intervention; *Mental Retardation
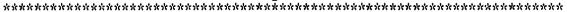IDENTIFIERS   *Gentle Teaching

ABSTRACT
        This paper describes a non-aversive behavior
management approach called gentle teaching and details supportive
techniques of the approach. Principles of gentle teaching are
explained, including unconditional valuing of individuals (shown by
verbal valuing, gestural valuing, and physical valuing); value
reciprocation; and behavioral involvement (shown by co-participation
in meaningful tasks). Specific supportive techniques recommended
include creating increased opportunities for choice-making, errorless
teaching, and redirection of challenging behaviors. Examples
demonstrate use of these techniques with individuals having mental
retardation. The controversial relationship between gentle teaching
and applied behavior analysis is discussed, along with progress
toward ending this conflict. Concerns of behaviorists regarding
gentle teaching are identified, such as the lack of a clear
operational definition and the relationship between gentle teaching
techniques and applied behavior analysis principles. Common ground
between the two approaches are also noted, such as applicability with
all "marginalized" clients and a decreased emphasis on gentle
teaching as a method of reducing challenging behaviors. (Contains 24
references.) (DB)

Gentle Teaching: A Value Based Framework

for Helping Others

David Steele

Running head: GENTLE TEACHING

Key Words: Gentle Teaching, Valuing, Behaviorism,
Behavior Management

Abstract

Gentle teaching (GT) has become recognized as "the" non-aversive behavior management approach. However, this approach has been widely criticized by behaviorists. This article describes the gentle teaching approach and details supportive techniques. In addition, the controversial relationship between GT and applied behavior analysis and progress toward ending this conflict are discussed.

The examples presented demonstrate use of these techniques with individuals with mental retardation. However, these techniques are not limited to this population.

McGee and Menolascino (1991) refer to people in need as the "marginalized." This term describes people alienated from others. People who live outside the boundaries that define a sense of community. Such isolation may result from mental illness, mental retardation, institutionalization, abuse, or the effects of poverty. Regardless of the cause, the "marginalized" have a common characteristic. They find more meaning in isolation than in interacting with others. Gentle teaching asks staff to make a conscious effort to uplift disconnected individuals and encourage them to become involved with others.

Definition

Gentle teaching (GT) is an approach to helping the "marginalized" that focuses on unconditional valuing as a basis for change (McGee & Menolascino, 1991; McGee, 1990). Individuals who are disconnected, withdrawn, institutionalized, etc., may have few opportunities to earn praise. Gentle teaching asks caregivers to unconditionally value clients for who they are and not what they accomplish.

Unconditional valuing refers to words and actions that promote human dignity regardless of physical, mental, or emotional handicaps. It is given non-contingently and occurs on three levels: verbal, gestural and physical (McGee & Menolascino, 1991; McGee, 1990). Verbal valuing refers to respect shown through vocalization (e.g., the tone of voice, amount of praise given, etc.). Caregivers are encouraged to increase the level of compassion and warmth portrayed through their words.

One method to demonstrate verbal valuing involves reducing the number of commands and demands given to others. Institutional staff frequently use commands to prompt clients. Such commands become dominative and controlling when used on a daily basis. The difference between "Sarah, stop doing that!" and "Sarah, why don't we find you something else to do?" should not be measured by the number of words, but by the respect shown to Sarah. Reducing the number of

commands/demands given to clients provides caregivers an opportunity to focus on increasing verbal valuing through meaningful dialogue.

Gestural valuing involves "gesticulations that express a person's worth as an equal being" (McGee & Menolascino, 1991, p. 51). Gestural valuing can be particularly useful in situations where the client is severely handicapped and/or hearing impaired. In such instances, formal sign language training may not be possible; however, smiles, nods of approval, and eye contact, etc., can be used to actively acknowledge the individual's presence and worth.

Physical valuing refers to value-based physical contact such as touching, handshakes, etc., (McGee, 1990). Physical contact is used to express the inherent warmth in human touch. Staff are instructed to avoid dominative interactions, like pulling and tugging, to gain compliance. When clients with physical disabilities are continually being grabbed and pulled, they lose sight of the positive emotional aspects of touch. The goal is to encourage participation using as little physical force as possible. Save touch for valuing.

The three levels of valuing mentioned above focus on the caregivers actions, This is the first phase of gentle teaching. The second phase requires caregivers to elicit valuing from the client. Caregivers are responsible for both giving valuing and teaching the "marginalized" to reciprocate valuing.

According to McGee and Menolascino (1991),

value reciprocation refers to any interactions on the

part of the [client]... indicative of the person's return of

valuing toward the caregiver who is eliciting it. These

are related to the caregiver's seeking smiles,

handshakes, hugs, and any facial, corporal, or verbal

interactions. (p. 79)

Like value giving, value reciprocation can occur on a verbal, gestural, or physical level. With time, the prompts may be faded as the individual learns to self-initiate valuing toward others.

Value reciprocation balances the relationship through an ongoing exchange of mutual valuing. This encourages the development of positive feelings between staff and clients. Such feelings provide a foundation conducive to the formation of friendships. According to McGee and Menolascino (1992), encouraging feelings of friendship and interdependence are the primary goals of caregiving.

For the "marginalized," the basic skills associated with friendship must be learned. Clients lacking friends, may not have developed the skills necessary to initiate and maintain interpersonal relationships (Stainback & Stainback, 1987). Therefore, staff must assume the responsibility to teach friendship skills and reach out to the marginalized.

Stainback and Stainback (1987) define friendship as "an ongoing reciprocal liking and behavioral involvement between two or more people" (p. 19). Gentle teaching addresses both the reciprocal liking and behavioral involvement aspects of this definition.

Value giving and reciprocation provides a basis for reciprocal liking. For example, parents express unconditional valuing toward newborns as a basis for bonding. Eventually, as the child learns to reciprocate valuing, the foundation of the parent/child relationship is formed.

The second friendship characteristic, behavioral involvement, refers to the frequency of contact between individuals and the number of valuing exchanges like touches and dialogue (Stainback & Stainback, 1987). Gentle teaching uses co-participation to provide opportunities for increased behavioral involvement.

Co-participation refers to the facilitation of interaction between staff and clients. Staff engage the "marginalized" person in meaningful tasks and provide

6

any assistance necessary for successful completion. Tasks "bring people together and provide the structure and opportunity for value sharing" (McGee, Menolascino, Hobbs, Menousek, 1987, p. 103). The initial focus is on human interaction, not task completion.

Supportive Techniques

Gentle teaching recommends several supportive techniques to facilitate positive staff/client interaction. Caregivers utilize the techniques that work best with their clients.

One technique involves creating increased opportunities for choice-making. Caregivers are asked to present as many choice opportunities as possible. Instead of saying "Hey Joe, go eat!", a caregiver might ask, "Do you want to eat now or wait until this television program is finished?" Thereby, helping to increase the client's feelings of self-determination and freedom.

All too often, the rigorous time scheduling found in institutional placements and formalized programming leave clients with few opportunities to choose. Such restrictions lead to frustration and anger when clients feel powerless and lack any sense of control. Providing choices can instill clients with a sense of power and control in their lives.

Errorless teaching is another supportive technique. This strategy involves structuring a task to ensure favorable outcomes. For example, if a client picks up a fork in an attempt to sort silverware, the caregiver can place their hands over the spoon and knife holders. This will increase the possibility of client success. Errorless teaching restructures the learning process so the client learns from success and avoid failure. Eventually, as task competency improves, direct caregiver assistance can be faded.

When challenging behaviors occur, caregivers are instructed to redirect the client. Redirection requires caregivers to guide the client toward "acceptable"

behaviors. If a client begins to hit their head with their fist, caregivers would redirect the client's hands toward a specific task or activity. "The primary message is, 'Do this instead!' It communicates acceptable alternatives to inappropriate responses" (McGee, et al., 1987, p. 94).

Other supportive techniques include the identification of behavioral precursors to target behavior, co-participation, task analysis (Gold, 1980), environmental management, etc. Many of these techniques are not new, but have been drawn from previous behavioral research (Jones & McCaughey, 1992; Jordan, Singh, & Repp, 1989; McGee, 1992).

GT vs Behaviorism

In 1987, McGee, Menolascino, Hobbs and Menousek published the book "Gentle teaching: A non-aversive approach to helping persons with mental retardation." This book was an initial attempt to clarify the gentle teaching philosophy and techniques. Gentle teaching was presented as a non-aversive method to reduce challenging behaviors. An option for those who might otherwise use punishment to control difficult behaviors. McGee et al., stated that "the challenge is to totally reject punishment practices and to develop a value system, strategies, and techniques that enhance human rights and the quality of life of all involved" (1987, p. 24).

Additionally, McGee et al. described common punishment practices used with behaviorally challenged individuals (i.e., time-out, overcorrection, etc.). According to the authors,

> such treatments may begin in a mild way, but it inevitably opens the doors
> to more grotesque forms of punishment - all based on the centrality of
> human compliance and submission as the goal, rather than bonding.... A
> value system based on a posture of solidarity is in sharp contrast to one

that holds that punishment is not an act of barbarism that should be avoided by civilized persons... (McGee et al., 1987, p. 21-22).

Behaviorists responded to this harsh criticism. Mudford (1985) went so far as to call the "ill-researched vitriolic attack on mainstream behaviour analysts/therapists by McGee *et al.*... definitely incorrect and possibly libellous" (p. 268). Behaviorists raised two primary concerns.

First, gentle teaching lacks a clear operational definition. "Precise operational definitions... are absent, and the reader is left with a description of a number of quasi-behavioral techniques without specific guidance on how to incorporate these techniques into an intervention plan" (Jones & McCaughey, 1992, p. 858). GT does not easily lend itself to empirical study.

Obtaining empirical data is made more difficult by the evolution of various techniques. For example, in 1987, McGee et al. listed teaching is silence as a supportive technique. Caregivers were instructed to avoid unnecessary vocalizations that might overwhelm the "marginalized." However, in a more recent book, McGee and Menolascino (1991) describe dialogue as the "energizing force of caregiving..." (p. 93). Two chapters are devoted to the use of dialogue as a critical element of gentle teaching. Such changes seem to "represent less a modification of existing theory and more a series of fundamental changes in direction. Careful reading of the GT literature reveals a number of surprising changes in emphasis" (Jones & McCaughey, 1992, p. 858). Frequent changes in emphasis and the lack of a clear operational definition make empirical study difficult. As a result, the effectiveness of GT is questioned by behavior analysts.

A second point of contention involves the relationship between GT techniques and applied behavior analysis principles. Several authors have dismissed gentle teaching as old wine in new bottles. Barrera and Teodoro (1990) state this position as follows,

We have sneered at Gentle Teaching's ungentle criticisms of behaviorism
and of the way scientific, principles of lawfully determined behavior, and
we have shunned it as biased, unscientific, and naive. We also have
conducted revisionistic armchair analysis of Gentle Teaching, dismissing it
more often that not as a mere recombinant of positive reinforcement,
manual guidance, prompting, and extinction. (p. 12)

Behaviorists define the valuing aspect of GT as social reinforcement. Therefore,
according to behavioral principles, friendship evolves from the reciprocal exchange
of social rewards/reinforcement.

McGee admits that GT is "congruent with applied behavior analysis in that it
uses several behavior change strategies in its intervention procedure" (McGee,
1992, p. 871). However, it differs from applied behavior analysis by emphasizing
complete unconditional valuing and mutual change (McGee, 1992).

Common Ground

Both GT authors and behaviorists have made recent attempts to reconcile
their differences. In 1991, McGee and Menolascino published "Beyond gentle
teaching: A nonaversive approach to helping those in need." This book changed the
focus of gentle teaching in two ways. First, GT was no longer limited by definition
to use with individuals with mental retardation. The target population teaching
was expanded to include the diverse group of clients considered "marginalized".

Second, and more importantly, the emphasis on gentle teaching as a method of
reducing challenging behaviors was less apparent. According to McGee and
Menolascino, the challenge was no longer "to find nonaversive behavioral
techniques, but to formulate and put into practice a psychology of interdependence
that goes against the grain of modifying the other and asks for mutual change"
(1991, p. 9). "A psychology of interdependence [that] concerns itself with the whole

being - mind, body, emotions and spirit - not just observable behavior" (McGee & Menolascino, 1991, p. 41).

This dramatic shift in focus removes the emphasis on GT as an alternative behavioral approach. This change should appease the behaviorists who have questioned this claim.

Behaviorists have also made efforts at reconciliation by acknowledging some positive aspects of gentle teaching. According to Jones & McCaughey (1992), "one of the inherent strengths of GT is that it aims to improve the quality of life of people with mental retardation by concentrating on wider ecological variables" (p. 856). A second strength mentioned is GT's emphasis on mutual change (Repp, 1990; Cuvo, 1992; Jones and McCaughey, 1992). Gentle teaching requires caregivers to analyze how their interactions impact upon clients. By stressing the importance of this relationship, GT broadens the focus of behavioral intervention.

In 1992, Jones and McCaughey went so far as to suggest that "a synthesis of these two approaches may lead to a stronger and more flexible methodology than either can supply alone" (p. 865). McGee agreed that such a synthesis is a laudable goal.

> The fact that a person has been 'unresponsive' to positive reinforcement perhaps indicates a greater need for valuing rather that a lesser one. Even though aversive versus nonaversive interventions maintain a central position in current practices, it appears quite possible that a third option exists based on a paradigm of intense unconditional valuing. (McGee, 1992, p. 871)

Conclusion

GT has become "recognized as representing the definitive nonaversive approach" (Jones & McCaughey, 1992, p. 853). Because of this notoriety, GT has

been closely scrutinized by professionals. The result was a heated and often personal debate in which both sides have played a part.

GT supporters have made inaccurate and unfair statements regarding behaviorists. Frequently, their comments have focused on only a small percentage of practitioners outside mainstream behavior analysis and recent progress in the field has been ignored.

Behaviorists, on the other hand, have been slow to respond to the growing number of advocacy groups calling for the elimination of aversive treatments. "Behavior analysts have a long reinforcement history of operating as members of an academic discipline, most are novices at manipulating political contingencies... behavior analysts have been largely on the defensive" (Cuvo, 1992, p. 873). As a result, behavior analysts have appeared unconcerned about the use of punishment practices and unresponsive to those supporting nonaversive treatment strategies.

Both sides should be applauded for recent efforts to reconcile their differences. When the rhetoric fades away and the smoke clears, both sides will likely find a common theme. The desire to assist others. The basic tenants of gentle teaching, unconditional valuing and the establishment of feelings of companionship, are worthwhile endeavors. These principles should be the foundations for all forms of treatment that seek to reach those who are disconnected.

> Regardless of the type of aggression, self-injury, or withdrawal, we assume
> that a hunger for being with others rests in the human spirit, longs to be
> fulfilled, and in many instances needs to be discovered. We [must]
> struggle to fulfill this need in ourselves and others. (McGee &
> Menolascino, 1991, p. 4)

Bibliography

Bailey, J. S. (1992). Gentle teaching Trying to win friends and influence people with euphemism, metaphor, smoke, and mirrors. Journal of Applied Behavior Analysis, 25, 879-883.

Barrera, F. J., & Teodora, G. M. (1991). Flash bonding or cold fusion? A case analysis of gentle teaching. In C. Repp & N. N. Singh (Eds.), Current perspectives on the use of aversive and non-aversive interventions with developmentally disabled persons (pp. 199-214).

Brandon, D. (1990). Gentle teaching. Nursing Times, 86 (2), 62-63.

Cuvo, A. J. (1992). Gentle teaching: On the one hand ... but on the other hand. Journal of Applied Behavior Analysis, 25, 873-877.

Gold, M. (1980). Try Another Way Training Manual. Champaign, IL: Research Press.

Jones, R. S., & McCaughey, R. E., (1992). Gentle teaching and applied behavior analysis A critical review. Journal of Applied Behavior Analysis, 25, 853-867.

Jordan, J., Singh, N., & Repp, A. (1989). An evaluation of gentle teaching and visual screening in the reduction of stereotypy. Journal of Applied Behavioral Analysis, 22, 9-22.

Love, S. R. (1988). [Review of Gentle teaching: A nonaversive approach to helping persons with mental retardation]. Research in Developmental Disabilities, 9, 441-443.

Matson, J. L., & Taras, M. E. (1989). A 20 year review of punishment and alternative methods to treat problem behaviors in developmentally delayed persons. Research in Developmental Disabilities, 10, 85-104.

McGee, J. J. (1992). Gentle teaching's assumptions and paradigm. Journal of Applied Behavior Analysis, 25, 869-872.

McGee, J. J., & Menolascino, F. J. (1991). Beyond gentle teaching: A non-aversive approach to helping those in need. New York: Plenum.

13

McGee, J. J. (1990). Gentle teaching: a psychology of interdependence. Presentation at the Developmental Disabilities Training Institute, Univ. of N.C. and Chapel Hill.

McGee, J. J. (1990). Being with others: Toward a psychology of interdependence (2nd ed.). Omaha: Creighton Univ., Dept. of Psychiatry.

McGee, J. J., Menolascino, F. J., Hobbs, D. C., & Menousek, P. E. (1987). Gentle teaching: A non-aversive approach to helping persons with mental retardation. New York: Human Sciences.

McGee, J. J., Menousek, P. E., & Hobbs, D. C. (1987). Gentle teaching: An alternative to punishment for people with challenging behaviors. In S. J. Taylor, D. Bilken, & J. Knoll (Eds.), Community integration for people with severe disabilities (pp. 147-183). New York: Teachers College Press.

McGee, J. J. (1985a). Bonding as the goal of teaching. Mental Handicap in New Zealand, 9 (4), 5-10.

McGee, J. J. (985b). Examples of the use of gentle teaching. Mental Handicap in New Zealand, 9 (4), 11-20.

McGee, J. J. (1985c). Gentle Teaching. Mental Handicap in New Zealand, 9 (3), 13-24.

Menolascino, F. J., & McGee, J. J. (1983). The new institutions: Last ditch arguments. Mental Retardation, 19, 215-220.

Menolascino, F. J., & McGee, J. J. (1983). Persons with severe mental retardation and behavioral challenges: From disconnectedness to human engagement. Journal of Psychiatric Treatment and Evaluation, 5, 187-193.

Mudford, O. (1985). Treatment selection in behaviour reduction: Gentle teaching versus the least intrusive treatment model. Australia and New Zealand Journal of Developmental Disabilities, 10, 265-270.

Repp, A. C. (1990). Non-aversive and aversive interventions: Overview. In A. C. Repp & N. N. Singh (Eds.), <u>Current perspectives on the use of aversive and non-aversive interventions with developmentally disabled persons</u> (pp. 17-29).

Shevin M., & Klein, N. K. (1984). The importance of choice-making skills for students with severe disabilities. <u>Journal of the Association for Person's with severe Handicaps, 9</u> (3), 159-166.

Stainback, W., & Stainback, S. (1987). Facilitating friendship. <u>Education and Training in Mental Retardation, 22</u>, 18-25.