School Psychology Review
1985, Vol. 14, No. 2, 143-149

SOME NEXT STEPS IN RIGHTS PROTECTION FOR THE DEVELOPMENTALLY DISABLED

Lynn E. McClannahan Patricia J. Krantz

Princeton Child Development Institute

ABSTRACT

The past decade produced great strides in rights protection for developmentally disabled youngsters. But, although new or improved licensing standards, certification procedures, human rights committees and peer review committees are necessary, they may not be sufficient to the adequate safeguarding of children's rights. In this article we examine several program components that help to ensure children's rights to *effective* treatment, and place special emphasis upon the importance of hands-on training for professional helpers, and data-based programming for children.

Historically, certain types of child rights violations have received more attention than others. Physical injury, denial of meals, clothing, or beds, public humiliation procedures, or the inappropriate selection or implementation of behavior reduction procedures—these flagrant rights violations have commanded widespread professional concern. In response to such violations, standards for licensure and accreditation have been refined (Joint Commission on Accreditation of Hospitals, 1978); peer review committees have been organized (Risley & Sheldon-Wildgen, 1980a); new certification procedures have been developed (Braukmann, Fixsen, Kirigin, Phillips, Phillips & Wolf, 1975); and the functions of human rights committees have been specified (Risley & Sheldon-Wildgen, 1980a, 1980b). The extreme and highly visible violations that prompted these corrective and preventive measures may not, however, be the most frequent rights infringements. This paper examines some comparatively high-probability, low-profile encroachments on child rights that may often occur in "good" as well as "not-so-good" child programs. Such common and invidious violations include: a) failure to schedule sufficient opportunities for learning; b) failure of teaching and treatment personnel to remain in assigned areas with assigned children; c) passive acceptance of children's skill deficits and behavior problems; d) failure of service deliverers to create and maintain pleasant and reinforcing environments that are conducive to learning; and e) inadvertent shaping of dysfunctional child responses. Although most of these infringements represent acts of ommission rather than acts of commission, they nevertheless contribute to the erosion of children's rights to *effective* intervention (Martin, 1975). Since these rights violations are often products of the behaviors of caring and well-meaning teachers and treatment agents, remediation may be achieved via the provision of additional training and evaluation programs. Indeed, rigorous, systematic training of teachers and therapists is essential to the development of treatment environments in which the daily activities of service providers contribute to the ongoing safeguarding of children's rights.

THE IMPORTANCE OF "TRAINING" (EDUCATION)

Although the term "training" may have less-prestigious connotations than the term "education," a growing body of evidence indicates that teachers and therapists (and developmentally disabled youngsters), can efficiently acquire important new skills when provided with ongoing, hands-on "training" and feedback (Flanagan, Adams & Forehand, 1979; Koegel, Russo & Rincover, 1977; Sloat, Tharp & Gallimore, 1977). Rule (1972) demonstrated that continuous recording of trainee behavior and immediate, data-based feedback, followed by the trainer's praise or modelling, was effective in altering the rates of three teacher behaviors: praise, on-task contacts, and off-task contacts. This training strategy

Requests for reprints may be addressed to Lynn E. McClannahan, Ph.D., or Patricia J. Krantz, Ph.D., Directors, Princeton Child Development Institute, P. O. Box 2013, Princeton, New Jersey 08540.

was more powerful than trainees' scoring of their own videotaped performances, and also more powerful than daily instructions given by the trainer and followed by delayed data-based feedback (posted graphs of trainee behavior).

Looking backward, many contemporary service providers will probably recall that an incredibly small proportion of their formal educational preparation was devoted to "training," i.e., to the supervised practice of necessary instruction and treatment skills, a happenstance that, retrospectively, may appear quite dysfunctional. It can be most discomforting to attempt to help a developmentally disabled child learn to control a severe behavior problem when the helper has little direct experience about how to accomplish this goal.

Currently, however, a growing number of teachers, therapists, and clinicians benefit from mentors known as "trainers" or "consultants" (cf. O'Brien, Porterfield, Herbert-Jackson & Risley, 1979; Smart, Blase, Smart, Graham, Collins, Daly, Daly & Fixsen, 1979). These individuals accompany the trainees to "natural" environments (e.g., special education classrooms, day care centers, after school programs, and residential treatment settings) where the term "hands-on" training becomes a reality defined by immediate, performance-specific praise, over-the-shoulder corrective feedback, and *in vivo* modelling that sometimes rescues trainees from the most difficult of experiences. More than likely, trainees' immediate valuations of these experiences are affected by the ambient ratios of positive-to-corrective feedback episodes, but their longer-range perceptions of such experiences are probably often colored by gratitude. Performances called by names such as "contingent reinforcement," "contingent ignoring," "shaping," and "fading" (to name but a few), are incredibly difficult to acquire through traditional lecture formats, and are probably most often acquired through *in vivo* modelling and supervised practice opportunities.

Since "hands-on" training, as described above, appears to be a necessary component of teachers' and therapists' preparation for the delivery of effective services (Bailey & Reiss, 1984), it follows that the rights of developmentally disabled children and youth cannot be adequately protected in the absence of ongoing modelling, behavioral rehearsal, and behavior-specific feedback that helps the helpers hone their teaching and treatment skills.

In the paragraphs that follow, adequate "hands-on" training of professional helpers is assumed. When such training resources are in place, several other areas can be examined *vis-a-vis* their importance in preserving children's rights.

Programming for Rights Protection

Subsequent sections of this article describe some aspects of program operation that may be critical in protecting children's rights to effective teaching and treatment.

Activity Schedules

Activity schedules indicate when certain things should be done, where they should occur, and who should do them. In schools, the class schedule usually shows which teaching activities will occur at a given time of day, what room will be used, and which teachers and children will participate in each of these instructional sessions. Lesson plans, appointment books, and informal "to do" lists often function in similar ways, indicating where one should go, what time and for how long one should be there, and what should be accomplished.

In poorly designed programs for developmentally disabled youngsters, activity schedules may be absent, and teachers, therapists, and other helpers may offer "holding" activities ("Everybody go out and play for a while.") or make on-the-spot decisions about activities ("It's a good day to go shopping and learn about stores."). In such cases, the carefully programmed and systematically implemented instruction that developmentally disabled children need is unavailable.

In other programs, however, the activity schedule may be present, but inadequately specified, so that a great deal of instructional time is wasted. Jimmy finishes his math worksheets in 15 minutes, and his hard work is rewarded by a 15 minute wait, since math class lasts for 30 minutes. Children who need to learn independent eating skills line up to go to the cafeteria, and spend more time standing in line than in receiving instruction on mealtime behaviors. Transitions between classes are scheduled to take 10 minutes, but the

children actually move from one classroom to another in 3 minutes and spend the remaining 7 minutes unoccupied.

Activity schedules are important because they function as prompts, not only for adults, but also for children, reminding all of these participants of the activities to be undertaken and the skills to be taught/learned during specific time periods. It has been repeatedly demonstrated (Horner, 1980; Risley & Favell, 1979; Spangler & Marshall, 1983) that when activity schedules are absent or inadequate, teachers provide less instruction, and children acquire fewer new skills, are less engaged in learning activities, and may engage in more disruptive and dysfunctional behaviors. It is evident, then, that a missing or poorly constructed activity schedule can deprive children of important learning opportunities and can erode their right to *effective* intervention.

Teacher Presence

As mentioned above, one function of an activity schedule is to designate where instructional personnel should be at specific times of day. Without an activity schedule, well-meaning helpers may make incorrect decisions about where to station themselves in order to maximize their effectiveness as teachers. Even with the best of activity schedules, however, competent professionals may not understand the implications of entering an activity area or classroom late, departing early, or leaving briefly to communicate with a colleague, run to the ditto machine, take some work to the secretary, or get a cup of coffee.

Figure 1 shows the impact that teacher presence and absence can have on child performance. The data in this figure were collected by independent observers who made unannounced observations. When entering classrooms, the observers first scored whether the teacher was present or absent, and next recorded the number of children who were present and the number of children who were "on-task." Children were counted as "on-task" when they were scrutinizing, manipulating, or otherwise appropriately using the instructional or play materials; visually attending to the teacher or to materials the teacher was presenting; visually attending to another child who was interacting with the teacher; or following the teacher's directions. Children were *not* scored as on-task if they were exhibiting self-stimulating, disruptive, or other inappropriate behaviors. Data on the number of children present and the number of children on-task permitted calculation of the percent of children who were appropriately engaged.

As indicated in Figure 1, Teachers 1 and 2 were always present in their assigned classrooms, and mean on-task scores for the autistic children in their activity areas ranged from 77% to 100%. Teacher 3, however, was often absent from the assigned area, and mean on-task scores for the autistic youngsters in Teacher 3's classrooms ranged from 46% to 92%. Since the children for whom Teacher 3 was responsible were often off-task or unengaged, they had fewer opportunities to acquire new skills, and their right to effective treatment was not well served.

Tolerance Levels

Tolerance levels have been discussed by Phillips, Phillips, Fixsen, and Wolf (1972), who have stressed that children are best served by professionals who have low tolerances for inappropriate behavior. In the present context, "low tolerance for deviance" means that the teacher or therapist serving developmentally disabled youngsters does *not* say, "Poor Jon, he can't help himself, and I must help him," but instead says, "Jon needs my assistance in acquiring new skills and learning to manage his problem behaviors, so that he can become increasingly self-sufficient." Intervention agents with appropriate tolerance levels are aware, not only that a child should not sit through a class with a runny nose, but also that teaching should be available to help the child learn to blow her own nose.

Some additional examples of appropriate tolerance levels are: (a) developmentally disabled youth should not grab, kiss, hug, or sniff visitors, but should learn appropriate greeting skills ("Hi," or "It's nice to meet you"); (b) children should not cough in their hands and continue preparing snacks, but should, instead, learn the importance of handwashing before and during food preparation activities; (c) youngsters should not run around the activity area or leave the classroom during a teaching activity, but should be taught skills such as remaining in their chairs and visually attending to the teacher and to instructional materials; and (d) children should not enter activi-

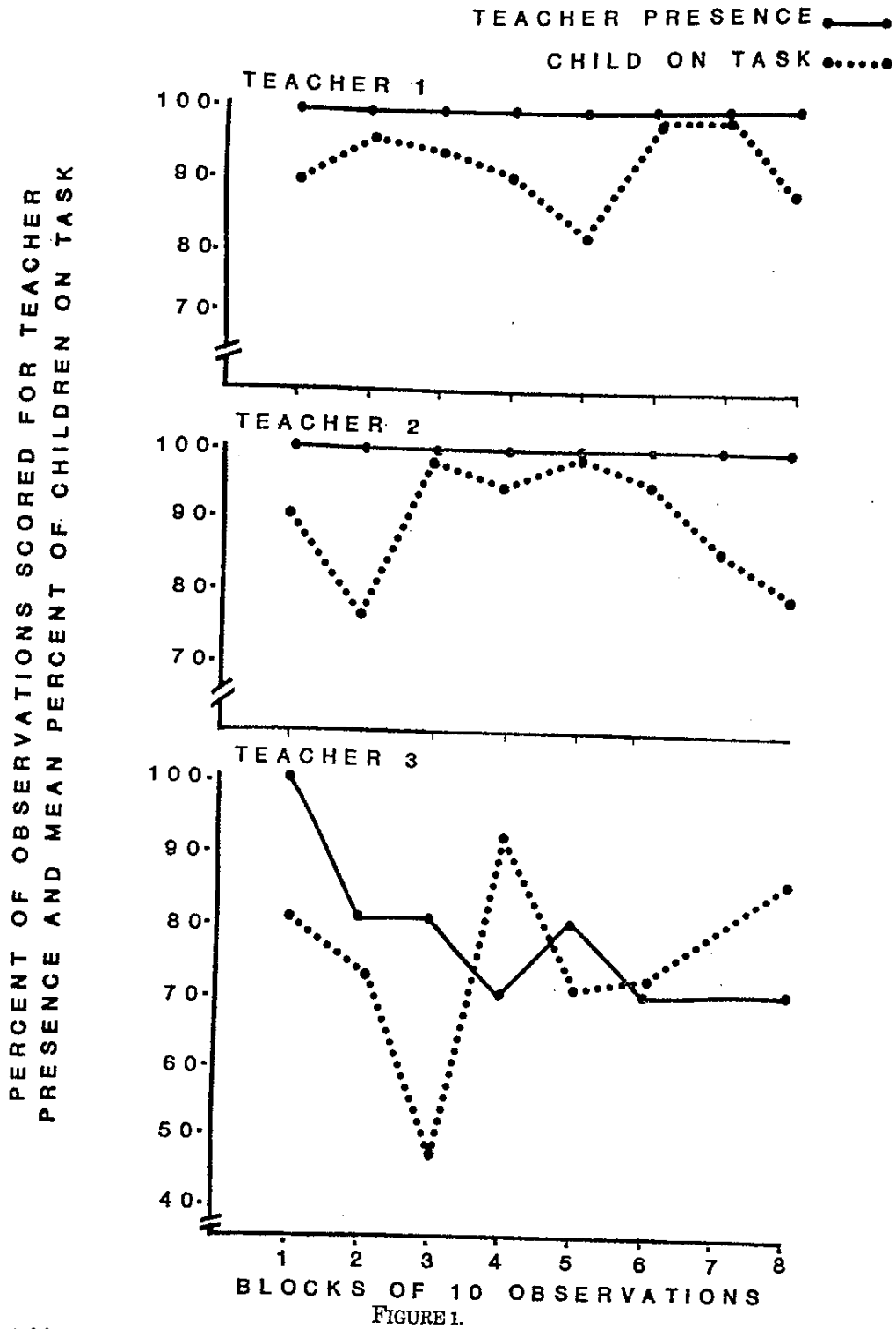

FIGURE 1.

Percent of observations scored for teacher presence (solid lines) and mean percent of children on task (dotted lines) in blocks of 10 observations of Teachers 1, 2 and 3, and the children in their classrooms. Mean interobserver agreement on these observations was 96% for teacher presence; 100% for child presence in the classroom; and 84% for child on-task behavior.

Note: The authors wish to thank Stanley Zalenski and Edward C. Fenske for their participation in this investigation of teacher presence and child on-task behavior.

ties with shirts untucked, pants unzipped, hair uncombed, or faces and hands unwashed, but should be taught the requisite skills that enable them to present themselves as attractive and interesting persons.

It is regrettable that many handicapped children will repeatedly encounter prejudice, fear, and rejection. Professional helpers with low tolerance for deviance, who teach children acceptable social and self-care repertoires, can contribute immeasurably to the protection of children's rights. Other individuals, whose tolerance levels are too high, may fail to provide children with skills that could shelter them from social disapproval.

Programming Pleasant Environments

A very large proportion of the services delivered to developmentally disabled youngsters are related to "shaping," or rewarding successive approximations to a desired goal behavior until the final target behavior can be displayed (Lutzker & Martin, 1981). During this process, teachers and therapists must provide enough reinforcement to ensure that children will be "behaviorally receptive" to instruction (Lovaas, 1977).

Some children encounter pleasant and supportive educational and treatment settings that offer liberal praise, individualized motivational systems (tangible rewards, tokens, points), and well-selected "back-up" reinforcers that include many different types of adult attention, and a wide variety of preferred snacks, special activities, and play materials. Such children are usually "behaviorally receptive" to learning, that is, they display many different responses that professionals can shape toward important behavioral goals.

Less fortunate children enter programs in which professionals are "too strict," or too dependent upon extinction or punishment procedures; these children are much less likely to engage in the behavioral experimentation that can be so helpful in the rapid shaping of critical new skills.

A significant feature of a pleasant treatment environment is the ambient level of "behavior-descriptive praise," i.e., praise that includes both an indication of approval and a specification of the response that is being approved (McClannahan, Krantz, McGee & MacDuff, 1984). Examples of behavior-descriptive praise statements are: "Good, Ted, you sat down"; "Erin, I really like it when you say 'Excuse me.'"; and "Rob, it was so nice of you to tell Rick that you're sorry he doesn't feel well."

Data collected in a program for autistic children and youth indicate that experienced teachers and therapists, who have had extensive "hands-on" training, can deliver as many as 25 to 38 behavior-descriptive praise statements in a 5-minute period. These high rates of praise help to ensure that the youngsters' treatment experiences are pleasant and rewarding, so that the treatment environment supports the behavioral diversity that is necessary to the shaping of new skills. Children who do not encounter appropriate levels of reinforcement may attend to their teachers and therapists less often, display a narrower band of behaviors, and be less responsive to the rewards that are delivered. Children in the latter group are in a less-desirable position to achieve important treatment outcomes.

Behavior Shaping

Behavior shaping, as defined earlier, is one of the most important intervention techniques available to professionals serving developmentally disabled children and youth. Reynolds (1968) noted that "the careful and systematic application of the shaping procedure with an effective reinforcer is sufficient to teach any organism any operant behavior of which it is physically capable." Over the past decade, many excellent instructional programs have been developed to assist teachers and therapists in shaping academic, social, self-care, vocational, and leisure skills. Ultimately, however, the success of behavior-shaping programs depends upon the skills of the shapers.

In programs for developmentally disabled children, it is not unusual to see a youngster respond to the instruction "Look at me," by glancing briefly at the teacher and then looking away; nor is it unusual to observe children responding to the direction, "Put your hands down," by briefly slapping their knees. It may also be noticed that some youth respond to the request to "Work quietly" by waiting for only 1 or 2 seconds before resuming stereotyped vocal noisemaking. These child behaviors often indicate that teachers and therapists have not yet developed necessary behavior-shaping skills.

Fortunately, most children are hardy organisms, and they respond rapidly to the learning contingencies that are provided. When the instruction, "Look at me" is followed by a child's brief glance, one need not conclude that permanent damage has been done; rather, the reinforcement contingencies must be altered, the shaper must learn to reward longer durations of visual attending, and the child will then learn to look at the therapist for longer periods of time. (Similar statements apply to children who briefly slap their knees rather than keeping their hands down, and to children who quickly resume vocal noise after being asked to work quietly).

Children's rights to effective treatment are probably unaffected by delimited experiences with novice teachers and therapists who have not yet acquired good shaping skills. On the other hand, if the balance of instruction and treatment services is delivered by unskilled shapers, and if these individuals' repertoires do not improve over time, children may progress very slowly or not at all. The rights of developmentally disabled youngsters are best preserved when teachers and therapists receive ongoing training that enables them to progress toward proficient behavior shaping.

Summary

It is obviously important to provide developmentally disabled children with appropriate physical care and attention; good child-staff ratios; safe, clean environments; and programming that meets contemporary standards for licensure or accreditation. These efforts, however, may still be insufficient to guarantee the delivery of effective teaching and treatment services.

In this article, we explored several program components that help to protect children's rights to effective intervention, including activity schedules, teacher presence, low tolerance for deviance, programming of pleasant learning environments, and skillful use of behavior shaping to help children acquire needed skills. This list of protections is by no means exhaustive; to it could be added many other program dimensions that contribute to rights preservation, such as: (a) providing multiple opportunities to respond, so that there are many occasions to practice new skills; (b) individualizing activity schedules to ensure peer interaction opportunities, and to achieve child-staff ratios that are related to the ease or difficulty of various teaching activities and learning tasks; and (c) specifically programming for generalization of children's new skills across persons, settings, and times (Stokes & Baer, 1977).

An underlying assumption throughout this discussion is the fundamental importance of data-based programming. Direct observation and measurement of staff performance are key elements of training, enabling trainees to receive accurate, specific feedback that promotes efficient acquisition of critical skills, including skills in observing and recording child performance. Professionals who have learned to reliably measure child behaviors can generate teaching and treatment programs that are amenable to objective evaluation (McClannahan & Krantz, 1981). These teachers and therapists and their trainers, whose skills support ongoing, data-based programming, play a central role in preserving children's rights to effective intervention. □

References

Bailey, J., & Reiss, M. (1984). The demise of the "Model-T" and the emergence of systems management in human services. *Behavior Therapist, 7*, 65-68.

Braukmann, C. J., Fixsen, D. L., Kirigin, K. A., Phillips, E. A., Phillips, E. L., & Wolf, M. M. (1975). Achievement Place: The training and certification of teaching-parents. In W. S. Wood (Ed.), *Issues in evaluating behavior modification.* Champaign, Ill.: Research Press.

Flanagan, S., Adams, H. E., & Forehand, R. (1979). A comparison of four instructional techniques for teaching parents to use time-out. *Behavior Therapy, 10*, 94-102.

Horner, R. D. (1980). The effects of an environmental "enrichment" program on the behavior of institutionalized profoundly retarded children. *Journal of Applied Behavior Analysis, 13*, 473-491.

Joint Commission on Accreditation of Hospitals (1978). *Standards for Services for developmentally disabled individuals.* Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons. Chicago, Ill.

Koegel, R. L., Russo, D. C., & Rincover, A. (1977). Assessing and training teachers in the use of behavior modification with autistic children. *Journal of Applied Behavior Analysis. 10*, 197-205.

Lovaas, O. I. (1977). *The autistic child: Language development through behavior modification.* New York: Irvington Press.

Lutzker, J. R., & Martin, J. A. (1981). *Behavior change.* Monterey: Brooks/Cole Publishing.

Martin, R. (1975). *Legal challenges to behavior modification.* Champaign: Research Press.

McClannahan, L. E., & Krantz, P. J. (1981). Accountability systems for protection of the rights of autistic children and youth. In G. T. Hannah, W. P. Christian, & H. B. Clark, (Eds.), *Preservation of client rights*, New York: Free Press.

McClannahan, L. E., Krantz, P. J., McGee, G. G., & MacDuff, G. S. (1984). Teaching-Family Model for autistic children. In W. P. Christian, G. T. Hannah, & T. J. Glahn (Eds.), *Programming effective human services*. New York: Plenum.

O'Brien, M., Porterfield, J., Herbert-Jackson, E., & Risley, T. (1979). *The toddler center*. Baltimore: University Park Press.

Phillips, E. L., Phillips, E. A., Fixsen, D. L., & Wolf, M. M. (1972). *The Teaching-Family handbook*. Lawrence, KS: University of Kansas Printing Service.

Reynolds, G. S. (1968). *A primer of operant conditioning*. Glenview, Ill.: Scott, Foresman and Company.

Risley, T. R., & Favell, J. (1979). Constructing a living environment in an institution. In L. A. Hammerlynck (Ed.), *Behavioral systems for the developmentally disabled*, New York: Brunner/Mazel, Inc.

Risley, T. R., & Sheldon-Wildgen, J. (1980a). Invited peer review: The AABT experience. *Behavior Therapist, 3*, 5-9.

Risley, T. R., & Sheldon-Wildgen, J. (1980b). Suggested procedures for human rights committees of potentially controversial treatment programs. *Behavior Therapist, 3*, 9-10.

Rule, S. (1972). A comparison of three different types of feedback on teacher's performance. In G. Semb (Ed.), *Behavior analysis and education*. University of Kansas: Department of Human Development.

Sloat, K. C. M., Tharp, R. G., & Gallimore, R. (1977). The incremental effectiveness of classroom-based teacher training techniques. *Behavior Therapy, 8*, 810-818.

Smart, D. A., Blase, K. A., Smart, D. J., Graham, K., Collins, S. R., Daly, P. B., Daly, D. L., & Fixsen, D. L. (1979). *The Teaching-Family consultants handbook*. Boys Town, Nebraska: Father Flanagan's Boys' Home (Youth Care Department).

Spangler, P. F., & Marshall, A. M. (1983). The unit play manager as facilitator of purposeful activities among institutionalized profoundly and severely retarded boys. *Journal of Applied Behavior Analysis, 16*, 345-349.

Stokes, T. F., & Baer, D. M. (1977). An implicit technology of generalization. *Journal of Applied Behavior Analysis, 10*, 349-367.