Advancing Skills of Developmental Specialists

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Table of Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>i</td>
</tr>
<tr>
<td>MODULE 1: Overview of Developmental Disabilities</td>
<td>1</td>
</tr>
<tr>
<td>MODULE 2: Consumer Rights</td>
<td>17</td>
</tr>
<tr>
<td>MODULE 3: Principles of Assessment</td>
<td>31</td>
</tr>
<tr>
<td>MODULE 4: Standardized and Developmental Assessments</td>
<td>37</td>
</tr>
<tr>
<td>MODULE 5: Program Development</td>
<td>51</td>
</tr>
<tr>
<td>MODULE 6: Writing Behavioral Objectives</td>
<td>65</td>
</tr>
<tr>
<td>MODULE 7: Task Analysis</td>
<td>73</td>
</tr>
<tr>
<td>MODULE 8: Data Collection Strategies</td>
<td>81</td>
</tr>
<tr>
<td>MODULE 9: Developmental Therapy</td>
<td>101</td>
</tr>
<tr>
<td>MODULE 10: Maintaining and Generalizing Skills</td>
<td>121</td>
</tr>
<tr>
<td>MODULE 11: Strengthening Positive Social Behaviors</td>
<td>131</td>
</tr>
<tr>
<td>MODULE 12: Supervision of Paraprofessionals</td>
<td>167</td>
</tr>
</tbody>
</table>

Appendices

Appendix A: Answers to Progress Checks .................................................. 193
Appendix B: Partial Listing of National Resources for People with Disabilities .................................................. 219
Appendix C: Sample Developmental Evaluation ................................................. 229
Appendix D: Program Plan .............................................................................. 235
Appendix E: Sample Behavioral Objectives ..................................................... 237

Unpaginated Appendices

Appendix F: Task Analysis Form
Appendix G: Sample Graphs
Appendix H: Behavior Assessment Form
Appendix I: IDAPA 16 Title 04 Chapter 11 Rules Governing Developmental Disabilities Agencies
Appendix J: Index of Terms
Welcome! This program is designed to provide developmental specialists with information they need to work effectively with people who have disabilities. This program requires that specialists

- read assignments in their manuals prior to training sessions;
- complete brief exercises and “progress checks” in the manual;
- attend training sessions and participate in discussions and activities led by an instructor;
- meet minimal requirements on Module Progress Checks (brief quizzes); and
- meet minimal requirements in Application Exercises (at community sites) under the supervision of the instructor.

**Program Description**

*Advancing Skills of Developmental Specialists* focuses on general skills related to preparing and delivering instruction, carrying out activities related to Individual Program Plans, gathering information on a person’s progress, and troubleshooting problems. This program addresses topics important to many specialists, including those working with people who have various disabilities. Since its scope is broad, the program is organized around general principles that have a wide range of application. However, because the scope is broad, instructors working for some organizations may wish to supplement information in this manual with additional material. You are encouraged to supplement with additional information where necessary!

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The format is flexible. The program can be presented by a Developmental Disability Agency director, a community college instructor, a trained developmental specialist, or other professional who has been certified as a trainer. Ideally, it should be delivered to small groups of 20 or fewer specialists.

The program’s emphasis is on training skills used in community living. While the program covers concepts and terms, it focuses primarily on procedures used by specialists who work in community settings. Application exercises encourage specialists to carry out activities in their own work settings. Later, we will discuss these exercises in detail.

Training time required for the program. We understand that time for staff training is limited, so we have attempted to develop the most efficient program possible. We estimate:

For ALL Units

- Readings prior to training sessions ....................... 10-14 hours
- Training sessions ............................................. 24-40 hours
- Community Application Exercises ...................... 4-6 hours
- TOTAL .......................................................... 38-60 hours

NOTES TO THE INSTRUCTOR: We understand that allocated time may need to be changed from the recommendations above because of scheduling restrictions or other factors. If this is the case, examine program content in the manual to determine what alterations to make. We recommend that instructors allocate at least one hour to prepare for each module. This will make training time more efficient and more interesting for the specialists! Feel free to supplement this program with additional training material.

Program Modules

The sequence of modules in this program is presented below:

MODULE 1: Overview of Developmental Disabilities
2: A Person’s Rights
3: Principles of Assessment
4: Standardized and Developmental Assessments
5: Program Development
6: Writing Behavioral Objectives
How to Use the Program

Step 1: Preview the manual. Skim the topics, exercises, and progress checks. Answers to Progress Check items appear in Appendix A of this manual. NOTE: In some modules, information is presented on specific forms, such as a task analysis form or a data recording form. However, it is understood that many Developmental Disabilities Agencies will probably use their own forms. Fill out your organization's forms with the necessary information to complete assignments. Make the necessary adaptations. If you prefer to use forms in this manual, blank copies are available in the appendices.

Step 2: Contact your instructor to find out
- the first reading assignment,
- the location of the first training session, and
- the date/time of the first training session.

Step 3: Read the remainder of this Introduction and your first assignment.
Complete any exercises that may be part of the reading assignment. Also, assess your knowledge of the readings by completing the Progress Checks.

Step 4: Check out the “Notes” pages in your manual. Use them to jot notes or questions about the readings.

Getting to Know Your Manual

The manual is divided into 12 modules. Topics covered by units and modules are listed above. Your manual includes cues, or icons, for quick identification of important information. Some cues begin with a NOTE TO THE INSTRUCTOR or a general NOTE TO THE READER.
The quill and scroll cue denotes general information, potential discussion questions, or suggested activities.

The open book cue identifies a Manual Exercise, i.e., a writing activity. Complete this activity prior to the training session.

The check mark cue precedes a Progress Check, which is a brief self-quiz allowing you to check your knowledge. Take advantage of these opportunities to check your progress. Some of the progress check items will be included in the comprehensive test at the end of the course.

Overviews
Each module starts with a brief overview describing the topics to be covered. A list of objectives follows. The objectives forecast the learning activities.

Key Terms in Each Module
All modules start with a list of key terms. Preview terms and definitions first, then refer back to them as you read the module. Appendix J presents an index of terms.

Application Exercises
Some modules include Application Exercises. These are exercises that specialists may carry out in their work sites (i.e., community, consumer's homes, etc.). Contact your instructor for more information.

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NOTE TO THE READER: According to IDAPA 16, Title 04, Chapter 11, Rules Governing Developmental Disabilities Agencies, Section 13, a Developmental Specialist is a "person qualified to conduct developmental evaluation and therapy, including (a) A person who possesses a bachelor’s degree or master’s degree in special education, early childhood special education, speech and language pathology, psychology, physical therapy, occupational therapy, social work, or therapeutic recreation and who has a minimum of 240 hours of supervised experience with individuals who have developmental disabilities, or (b) a person who possesses a bachelor’s or master’s degree in an area not listed in paragraph a of this subsection, and who (i) has completed a competency course jointly approved by the Department and the Idaho Association of Developmental Disabilities Agencies which relates to the job requirements of a developmental specialist, (ii) has passed a competency examination approved by the Department, (iii) has a minimum of 240 hours of supervised experience with individuals who have developmental disabilities, or (c) a person who possesses a bachelor’s or master’s degree in an area not listed in paragraph a of this subsection, and who (i) has passed a competency examination, and (ii) has a minimum of 240 hours of supervised experience with individuals who have developmental disabilities, or (d) a person who is exempt from the requirements of these rules (i) any person employed as a developmental specialist prior to October 6, 1988 will be exempt from the requirements of these rules as long as there is not a gap of more than three (3) years of employment as a developmental specialist, or (ii) any person employed as a developmental specialist prior to May 30, 1997, unless previously disallowed by the Department, will be exempt from the requirements of these rules.” For complete Rules Governing Developmental Disabilities Agencies, see Appendix I.

Beyond the definition of the developmental specialist’s position and the qualifications listed above, this program will not provide additional details of the specialist’s responsibilities. Job descriptions vary according to the requirements of specific organizations. Specialists are encouraged to review their job descriptions. It is assumed that your job requires that you perform several specific skills, including many that are addressed in this manual.

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Module 1 provides a brief history and description of developmental disabilities. After reading this module, the specialist will:

- provide information about the history of treatment of developmental disabilities;
- identify five principles on abilities and rights of people with developmental disabilities;
- describe specific information about different kinds of disabilities; and
- describe ways to interact with people with disabilities.

Key Terms in Module 1 (See Appendix J for index of terms)

Developmental Disability: A chronic disability appearing before age 22 that is attributable to an impairment such as mental retardation, cerebral palsy, epilepsy, or autism. The disability results in substantial functional limitations in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. The disability reflects a need for a combination or sequence of special, interdisciplinary or generic care, treatment, or other services which are lifelong or of extended duration.

Support team: A group of individuals who advocate, support, and offer training/therapy services for a person with a disability. Typically, the team consists of the person with the disability, a parent/guardian, family members, a developmental specialist, a service coordinator, etc.

Least restrictive environment: A setting in which the person with disabilities has maximum opportunity to interact with individuals who do not have disabilities.

Assistive technology: Any material, equipment, or service used to increase, maintain, or improve the functional capabilities of a person with a disability. Examples include wheelchairs, communication devices, walkers, computer software, magnifiers, hearing aids, etc.

Mental retardation: Significantly subaverage intellectual functioning along with corresponding limitations in adaptive behavior.

Cerebral palsy: Physical and neuro-muscular limitations due to damage of the central nervous system which occurs before, during, or immediately after birth.
Epilepsy: A condition resulting in frequent, temporary lapses of consciousness, or seizures, due to abnormal electrical activity in the brain.

Autism: A syndrome affecting language, measured intelligence, communication, appropriate social behavior, and responses to people, events, and objects.

History of Treatment of People with Developmental Disabilities
This module begins with a brief history of the experiences of people with disabilities and covers the following eras:

- **1800-1950:** Institutionalization of people with disabilities.
- **1950-1980:** Legal rights and educational legislation.
- **1980-present:** Community integration.

1800–1950: Institutionalization for people with disabilities. In the late 1800s, people with disabilities often lived in institutions. The first institution in the U.S. was the Perkins Institute for the Blind, which was opened in 1849. As the U.S. embraced the westward migration and the Industrial Revolution in the late 1800s, people with disabilities were generally viewed by American society as a group that needed protection. Although institutions were first created to provide humane treatment and protection, the reality was often that they were segregated environments where residents had little or no opportunity to interact with their families or friends. By the early 1900s, numerous institutions had been built throughout the United States. This occurred for two primary reasons. First, as medical treatment became more sophisticated, more infants with disabilities survived. Second, the public became concerned about the spread of certain deadly diseases which affected mental capacity (such as encephalitis) and sought specialized care facilities, called sanitariums, to treat “afflicted” people and to protect the rest of society.

1950–1980: Legal rights and educational legislation. By the early 1950s, several thousand people with disabilities lived in institutions. Members of the community began questioning the living conditions, placement decisions, and treatment of people residing in institutions. From the 1950s through the 1970s, parents, teachers, and other advocates sought to advance the rights of persons with disabilities. They pushed for legislation guaranteeing treatment, education, and rehabilitation. Fewer people with disabilities were entering institutions, and some of those who resided there were leaving to take up residence in community homes and apartments.

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During the 1970s several key pieces of legislation were passed. For example, **The Education for All Handicapped Act** was passed by Congress in 1975. This law provided free, appropriate, public education for all children and youth with disabilities ages 5 through 21. It required that **support teams** develop individual education plans, or IEPs, for students with disabilities. The law required that the IEP be carried out in the least restrictive environment, meaning one in which the student had maximum opportunity to interact with students who did not have disabilities. Service providers for adults with disabilities began developing similar team-based plans (usually called Individual Program Plans or Individual Service Plans) carried out in community environments. See Module 5 for more information.

**1980-present: Community integration.** From 1970 - 1980, many adults and children with disabilities were discharged from institutions or large group residences. Most of them now reside with families, in homes in the community, in supported apartments, or with “professional families.” They have received educational and therapy services in neighborhood schools and taken jobs at local businesses. Increasing numbers of adults with disabilities participate in day programs that arrange supported employment, i. e., they work in community businesses with assistance from a job coach. During this same time period, additional legislation was passed that affected people with disabilities. **The Developmental Disabilities Act of 1984** provided a mandate for providing services to people with disabilities in integrated settings. **The Americans with Disabilities Act (ADA)** was passed by Congress in 1990. ADA prohibits discrimination against people with disabilities in areas of employment, public services, and public accommodations. It requires that public transportation and public facilities be accessible to all individuals and that telecommunication companies operate relay systems allowing speech and hearing impaired persons to use telephone services. ADA provides a national mandate for eliminating discrimination against over 36 million Americans who have disabilities.

**Idaho’s Story: History of People with Developmental Disabilities**

In many respects, the history of developmental disabilities in Idaho mirrors the history of these people in the remainder of the U.S. In the 1960s, Idaho was also questioning the appropriateness of its institutional philosophy for people with developmental disabilities. The Idaho State School and Hospital in Nampa held over 1,000 residents in the late 1960s. By 1970, the Department of Health and Welfare established regional Adult and Child Developmental Centers (A/CDCs) in all seven regions of the state. A/CDCs were established according to a federal administrative action.
called the "Medicaid waiver." During the 1970s, the Department of Health and Welfare opened more satellite A/CDCs in smaller communities throughout Idaho. These programs were designed to allow people to remain in their homes and receive treatment at a center during the day rather than full institutionalization. All programs were administered through the Department of Health and Welfare. In 1983, the first private Developmental Disabilities Center was opened. In 1989, several private Developmental Centers joined together to create the Idaho Association of Private Developmental Disabilities Centers. These centers were located in larger communities throughout Idaho and offered primarily center-based services. In 1994, the state closed the adult portion of the A/CDCs; these programs currently operate only programs for children ages birth through 5. Private sector programs continued to develop, creating additional opportunities for people with disabilities. By August 1997, there were over 39 private agencies offering developmental services to 2,057 people with developmental disabilities. At the same time, only about 100 people with disabilities resided at the Idaho State School and Hospital in Nampa.

Rules governing Developmental Disabilities Agencies were revised and enacted in July of 1997. The July 1997 rules emphasized personal choice, and offered services in a variety of integrated and inclusive settings. In 1997, the Idaho Association of Private Developmental Disabilities Centers changed its name to the Idaho Association of Developmental Disabilities Agencies, reflecting the emphasis on not only center-based services, but also on those provided to people in their homes, communities, and on job sites.

What Does the Future Hold for People with Disabilities?
Judging from the brief history above, placement, education, and therapy services for people with disabilities have undergone sweeping change in recent years. At least in the near future, this trend will probably continue. The future undoubtedly holds additional promise and problems for these people. Several future initiatives are likely. First, the trend towards person-centered planning and self-determination (see Module 3) will probably gain strength. Many people with disabilities will develop their own goals, select the services they need, and create their own support teams. In turn, the role of Developmental Disability Agencies that provide services will change accordingly. For example, service providers will probably increase their efforts to train people to plan their futures. Second, managed care policies and tighter restrictions on insurance benefits will also impact the roles of service providers. These agencies will probably change the types of services

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they offer and the methods used to deliver the services. Third, while people with disabilities have finally established a foothold in the community, most of them do not play integral roles. In the future, it is likely that more will become elected officials, business people, teachers, and advocates. Fourth, communities will hopefully continue to grow in their acceptance of people with disabilities. Zoning laws may change to accommodate small neighborhood residences for people with disabilities. Fifth, advocates for people with disabilities will establish greater voice and have more impact on public policy.

In the future, service providers and people with disabilities will assuredly encounter problems in insurance payments, managed care, residential matters, employment, education, and other areas. Developmental specialists should embrace the changes; indeed, they should become a part of it!

**Important Considerations about People with Disabilities**

Module 1 provides a description of some of the more common developmental disabilities. According to the definition at the beginning of this module, people with developmental disabilities have “substantial functional limitations in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency.” These disabilities may include mental retardation, autism, and physical and neuro-muscular disabilities, such as cerebral palsy and epilepsy.

Information about disabilities in this module is tempered by emphasis on abilities and rights. We will examine five important issues that developmental specialists need to be aware of when working with people who have disabilities.

1. **Knowledge of peoples' abilities will ultimately be more valuable than knowledge of their disabilities.** As you work with people who have disabilities, you will develop an appreciation for each person’s unique strengths, learning styles, interests, and goals. General information about disabilities will become less relevant.

2. **Although they may have the same type of disability, each person is unique.** The name of a disability communicates only general characteristics, not specific information. The more you learn about people with disabilities, the more you will realize that they are unique. Remember that descriptions in this module only identify general, not specific, characteristics.

3. **People with disabilities have more similarities than differences in comparison**
to peers who do not have disabilities. Often, people with disabilities and peers discover common interests, activities, and other characteristics that make the disability seem less important.

4. People with and without disabilities have the same rights. All individuals have the same rights. Each of us, regardless of whether we have a disability, have the right to try something new and to risk failing. The only true failure is in not trying! As specialists, we must remember not to shelter people with disabilities, but to give them opportunities and allow them to take risks.

5. Many people with disabilities gain independence using assistive technology. Assistive technology refers to any item, equipment, or service that is used to increase, maintain, or improve the functional capabilities of a person with a disability. This technology can be as simple as a magnifier for reading or a lever to replace a door knob, or it can be relatively expensive computer equipment for enhancing communication.

<table>
<thead>
<tr>
<th>What does assistive technology mean to the developmental specialist? What is the developmental specialist’s role?</th>
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<tr>
<td>1. According to rules and regulations governing developmental disabilities agencies, developmental specialists and paraprofessionals should receive training in the correct and appropriate use of assistive technology used by people obtaining services. Gather information on assistive technology resources. For a listing of resources, see Appendix B.</td>
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<td>2. Make people aware of available technologies. A recent study found that potential consumers know little about available technologies, in part because there is no central source of information (National Rehabilitation Hospital, 1994). For a listing of resources on assistive technology, see Appendix B.</td>
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<td>3. If a person may benefit from an assistive device, discuss with the person and the support team whether an evaluation should be conducted.</td>
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<td>4. If assistive technology is a part of the person’s plan, make sure that the plan states where and when it is to be used.</td>
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<td>5. Ensure that you, the person using the technology, and the support team members know how to operate the assistive device. Identify local assistive technology experts and contact them when assistance is needed. Jot down their names, phone numbers, and addresses on the person’s plan.</td>
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<td>6. Identify who is responsible for repairing assistive devices.</td>
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<td>7. Because assistive devices will occasionally require repair or maintenance, develop a plan for using back-up devices. Ensure that back-ups are readily available.</td>
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Module 1 Group Exercise: Identifying Local Resources

NOTE TO THE READER: What assistive technology resources are available in your area? Are there assistive technology labs, rehabilitation offices, school or university-based services, and/or other resources? What other resources are available? As a group project, (1) explore available resources, and (2) using the blank pages in Appendix B, list each service, along with addresses/phone numbers. If such a list already exists, check its accuracy and currency. Add new resources.

Understanding People with Developmental Disabilities

This section provides brief information to assist the reader to understand characteristics sometimes associated with certain disabilities. At the end of this module is a list of additional resources so that readers can gather more information.

For people to be eligible for Medicaid-funded therapy by a developmental disability agency, they must meet requirements of the definition of developmental disability mentioned earlier. Developmental specialists need to be aware of resources related to specific kinds of disabilities.

People with mental retardation. Mental retardation refers to significantly subaverage intellectual functioning along with corresponding limitations in adaptive behavior. Adaptive behavior refers to the extent to which the person can function independently, and involves self-help, domestic, vocational, social, and community orientation skills. People with mental retardation will probably learn job, language, communication, and social skills more slowly than their peers. They may also have difficulty solving problems, making decisions, and grasping abstract concepts. They may need support to get along in daily activities. About one in 50 individuals in the U. S. is labelled mentally retarded (American Association on Mental Retardation, 1992). In Idaho, the majority of people served by developmental disability agencies have mental retardation. People with mental retardation are classified on the basis of two factors:

- They receive low scores on intelligence (IQ) tests. In most states, mental retardation is defined
by an IQ score of 69 or below, which means the score is in the lowest 2.3% of IQ scores of the population (American Association on Mental Retardation, 1992).

- They have limitations in “adaptive behavior,” which refers to the way people meet the personal and social standards (like self-help and domestic skills) expected of their age group and culture.

It is important to understand that intellectual characteristics and adaptive behavior vary widely among people with mental retardation. Although they may need special instruction and more time, they can learn tasks, communicate (either verbally or nonverbally), respond to instructions, and care for themselves. People with severe retardation will probably need intensive instruction and will have limited verbal communication skills.

**Interacting with people who have mental retardation.** Since characteristics vary widely, how one interacts depends on the specific person. General recommendations include:

- Use clear, simple, specific language. Avoid abstract concepts or cliches. Describe the action needed to perform the task. After communicating important information, check to find out if the person understands. *For example:*
  
  "Jennifer, please take out the trash and the plastic containers for recycling. Now, what are you going to do?"

- Make sure you have the person’s attention before communicating or delivering instruction. First, address the person by name and make eye contact.

- Demonstrate appropriate social behavior so that people can learn from it. Social skills of people with mental retardation may appear “immature.” However, they often learn by imitating someone who demonstrates, or “models,” the correct behavior.

- Recognize people when they are successful. Sometimes, they may not recognize their own success. They need praise and recognition.

- Training usually requires that tasks be divided into small parts which are ordered in a logical sequence. This is called **task analysis** (see Module 7).

**People with cerebral palsy.** People with cerebral palsy have physical and neuro-muscular problems due to damage of the central nervous system which occurs before, during, or immediately after birth. In a few cases, the condition is hereditary. Seventy percent of these individuals have “spastic cerebral palsy,” which means certain muscles are rigid and contracted. Coordination, mobility, balance, and communication may be affected. Forty percent also have
mental retardation and 80% have speech disorders (Ysseldyke & Algozzine, 1990). Many require assistive devices, such as wheelchairs or communication devices, to promote independence.

**Interacting with people who have cerebral palsy.** How one interacts depends on characteristics of the specific person with cerebral palsy. General recommendations include:

- Try to understand the person’s verbal communication attempts. Tell the person, “I’m trying my best to understand. I think what you are saying is...” If unable to understand, make available other communication methods, such as picture boards, magazines, phone books, etc.
- Be patient. Allow the person more time to complete tasks.
- Avoid “hovering” and performing tasks for the person. Although it is tempting to “take over” tasks such as ordering a meal at a restaurant or checking out a library book, let the person perform the task. This will promote self-esteem and self-sufficiency.

**People with Epilepsy.** Persons with epilepsy have frequent, temporary lapses of consciousness, or seizures. The seizures may occur frequently or rarely. Also, seizures vary in intensity from a few seconds, during which individuals stare blankly (called *absence seizures*), to several minutes during which individuals display major convulsions (called *tonic clonic seizures*). Epilepsy affects people of all ages and races. About two and one-half million people in the U.S. have epilepsy. Many people with epilepsy take medication which partially or completely controls seizures. It is critical that developmental specialists become familiar with medications and their side effects.

**Interacting with people who have epilepsy.** General guidelines for interacting with people with epilepsy include the following:

- Receive hands-on training in seizure management and CPR. Reading this text does NOT constitute sufficient training!
- Avoid situations that might trigger seizures. These situations vary across people, so an assessment is an important first step. For example, some people are more likely to have a seizure when exposed to loud, busy environments. Ask the person when, where, and how seizures occur. Make a list of “potential triggers” and make it available to others involved.

**People with Autism.** Autism is a syndrome affecting language, intelligence, or responses to people, events, and objects. People with autism are often unable to communicate or socialize in typical ways. They may be preoccupied with things that are unimportant to others. Their

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behaviors may seem bizarre (such as body rocking, head-banging, unusual hand movements or postures, or repetitious speech). Autism is rare; one in 10,000 people have autism. About 75% are males.

Interacting with people who have autism presents major challenges and often depends on developing ways for them to communicate and experience success (Smith, Belcher, & Juhrs, 1994). While specialized training is imperative, guidelines described above for interacting with people who have mental retardation and cerebral palsy will be helpful. Additional guidelines include the following:

• If the person does not use verbal communication, develop other strategies. Many people with autism learn to use manual signs or communication boards. To develop alternative communication strategies, contact experts such as speech and language pathologists.
• Identify positive reinforcers, i.e., those activities, items, and actions that strengthen behavior over time. While this is an important guideline for all people, it is critical for persons with autism. Reinforcing success will reduce their preoccupations with irrelevant things and make them more responsive to you!
• Communicate “what works” with other team members, so that each member can communicate more effectively and reinforce the person’s success.
• Emphasize your “body language.” People with autism may understand your nonverbal communication better than verbal communication. Maintain an open stance, position yourself so that you are at eye level with the person, demonstrate tasks that you want the person to perform, and emphasize your enthusiasm.
• Praise success!

NOTE TO THE READER: Some people with autism seem unaffected by praise and enthusiasm. In fact, some people seek to avoid it. If a person does not respond favorably to enthusiastic praise, try the following:
1. Continue to praise, but associate the praise with something known to be a positive reinforcer, such as music or a favorite game. Eventually, praise will become a reinforcer.
2. Offer “low key” praise, such as a high five or handshake. Again, find out what works for the person.
Services for Children with Developmental Disabilities

In comparison to adults, the service system for children with disabilities has both similarities and differences. Let’s examine some of the more significant ones:

**Similarities between child and adult service systems.** Like the adult service system, children receive services based on a plan developed by a support team. However, the support team is usually coordinated by the special education teacher or a school district representative. The plan is usually called an Individual Education Program, or IEP. The IEP describes annual goals, measurable objectives, services provided, methods of evaluating the effects of services, and persons responsible. The plan must be carried out in the least restrictive environment, i.e., a setting in which the child with disabilities has maximum opportunity to interact with students who do not have disabilities. This environment often means a general education classroom or other setting considered least restrictive to the individual student. Like services for adults, children’s services are individualized. Each child receives an individualized assessment and services based on assessment results. Parents/guardians become actively involved in developing and implementing IEPs, much as they participate in plans for adults with disabilities. While the IEP is the central document outlining services delivered through the school, services are also provided by Developmental Disability Agencies. These may include community or homebound services, summer or after school services, and other opportunities. Providing these services for children increases the probability of independence later in life. Some parents/guardians may choose to have an Early Periodic Screening Diagnosis and Treatment (EPSDT) Service Coordinator to help them advocate for services for their son or daughter.

**Differences between child and adult service systems.** Unlike the adult service system, the support team is usually directed by a special education teacher, not the target person. However, youth in transition from school to adult roles are assuming more authority in guiding their plans. Most children’s services are carried out in school settings as opposed to employment, community, or residential settings for adults. Services included on IEPs for most children with disabilities are monitored by special education programs in school districts, whereas adult services may be monitored by one or more state agencies. Placement and referral procedures may also be different. For example, the school district where the child lives is usually responsible for placing the child and making referral to appropriate services. In adult services, a community or regional office of the state agency may be responsible. Or, the person with disabilities and their service coordinator may approach different service providers, or “vendors,” until they find suitable
services. Another key difference between child and adult systems is the schedule of services. Children usually receive services only during school hours and live at home with parents or guardians. Infants and preschool-age children receive services through an Individual Family Service Program (IFSP), which may include both center-based and home-based services. In contrast, some adults receive services 24 hours a day. They may receive day program services (such as supported employment), residential services (such as those provided in a supported apartment or person’s home), and services provided through developmental disability agencies (such as training in independent living).

Rules and Regulations in Idaho Related to Developmental Disabilities

NOTE TO THE READER: For comprehensive information on rules and regulations, see Appendix I: IDAHO ADMINISTRATIVE CODE, Department of Health and Welfare, IDAPA 16, TITLE 04, CHAPTER 11, section 16.04.11 - Rules Governing Developmental Disabilities Agencies. Information from Appendix I will be covered in later modules, and on the comprehensive test.
Module 1 Progress Check

Respond to the items below, then check your answers with those in Appendix A.

1. There are five important issues to consider when working with people who have disabilities. Name three of them:
   • __________________________________________
   • __________________________________________
   • __________________________________________

2. Name three considerations when interacting with persons who have mental retardation:
   • __________________________________________
   • __________________________________________
   • __________________________________________

3. An individual who experiences rigid and contracted muscles, poor coordination, limited mobility, balance problems, and communication deficits is probably diagnosed as having a disability called _________________.

4. An individual whose disability involves temporary lapses of consciousness, or seizures, is probably diagnosed as having _________________.

5. An individual who has limited language, measured intelligence, and bizarre responses to people, events, and objects is likely to be diagnosed _________________.

6. Name two roles of developmental specialists in regards to assistive technology:
   • __________________________________________
   • __________________________________________
Module 1: Overview of Developmental Disabilities

7. Name two similarities and two differences between the adult and child service systems.

- 
- 
- 
- 

References


Listing of Additional Resources (also see Appendix B)


American Association of University Affiliated Programs, 2033 M Street, Suite 406, Washington, DC. 20036.

Council for Exceptional Children, 1920 Association Drive, Reston, VA. 20191-1589.

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Module 1: Overview of Developmental Disabilities

Disabled Peoples' International (DPI), 101-7 Evergreen Place, Winnipeg, Manitoba, Canada, R3L2T3.

Disabled Rights Education and Defense Fund, Inc. (DREDF), 2212 Sixth St., Berkeley, CA. 94710.

Epilepsy Foundation of America, 1828 L Street NW, Washington, DC. 20036.

Information Center for Individuals with Disabilities, 29 Stanhope St., Boston, MA. 02116.

National Center for Disability Services, 201 I.U. Willets Rd., Albertson, NY. 11507-1599; Email: ncds@transit.nyser.net


National Information Center for Children and Youth with Disabilities (NICHCY), P. O. Box 1492, Washington, DC. 20013-1492; Email: nichcy@aed.org

National Rehabilitation Information Center (NARIC), 8455 Colesville Rd., Suite 935, Silver Spring, MD. 20910-3319; Email: naric@capaccess.org; Internet: http://www.naric.com/naric/home.html


The Arc, 500 Border Street, Suite 300, Arlington, TX. 76010; (817) 261-6003.

United Cerebral Palsy Associations, Inc. 66 East 34th Street, New York, NY. 10016.
Module 2: A Person’s Rights

Overview
Module 2 describes important issues related to a person’s rights and responsibilities. After reading this module, the specialist will describe choice making, informed consent, the person’s rights and responsibilities, protection of civil rights, advocacy, abuse reporting, confidentiality, and the least restrictive environment concept.

Key Terms in Module 2
- **Informed consent**: Given that a person is 18 or older and does not have a legal guardian, informed consent refers to behaviors such as verbal or nonverbal language indicating (a) approval of treatment procedures, training activities, or other actions, (b) the right to refuse consent, (c) the right to withdraw at any time without penalty, (d) understanding of the risks and benefits involved in participation, and (e) understanding of the risks and benefits involved in alternative treatments, training activities, or other actions (Martin, 1975).
- **Confidentiality**: Avoiding disclosure of any personally identifiable information about a person with disabilities. Confidentiality pertains to the actions necessary to protect personally identifiable information (verbal communication, records, etc.).
- **Advocacy**: Public support and promotion of the interests and concerns of people with disabilities. An advocate, whether persons themselves or specialists who serve them, is one who encourages and organizes public support.
- **Least restrictive environment**: The legal right of people to receive education and related services in a setting where they can interact, to the maximum extent possible, with people who do not have disabilities.

The Importance of Choice Making
To discover the importance of choice making, we need to return to the history of individuals with disabilities to emphasize a few points. First, for several years, U.S. society practiced a policy of exclusion for individuals with disabilities. Although veiled in language of “protection,” institutions for people with disabilities were often places of exclusion. Choice was rarely an option. Even
when people with disabilities started receiving services from community agencies in the 1970s and 1980s, they were passive participants. Experts conducted evaluations of people's skills and detected deficits. It was reasoned that these deficits had to be reduced or eliminated for people to become functioning members of the community. Therefore, the support team dictated the services that the person needed. Choice was still rarely an option. While people often attended meetings for planning their programs, they were often merely told what services would be administered. Sometimes, they were asked if certain services were OK, but a "no" answer was unacceptable.

The author recalls a meeting in which the team leader described the services to a youth (Calvin). The youth listened carefully and avoided interruption. When the leader was finished, she asked the youth if the services were OK. The youth replied, "Well, yeah, except for one thing." The leader sat up stiffly in her chair, exhaled heavily, and asked what the problem was. The youth pointed to the person sitting next to him and said, "I'm not Calvin, he is."

Today's service providers place more emphasis on individual choice. Providers attempt to involve the person in deciding what services are desirable. Rather than developing a plan targeting deficits, the plan may include a mixture of self-identified strengths, needs, and interest areas.

Choice making presupposes that the person knows various options and the consequences for selecting each one. Also, choice making is based on the belief that the person has sufficient information available to make informed decisions. The challenge for specialists working with people who have disabilities is to provide comprehensive but concise information, objectively describe advantages and disadvantages of various options, let people make the choices, and implement their selections.

What is the Developmental Specialist's Role in Choice Making?
Specialists play critical roles in a person's choice making. As direct service providers and supervisors of service providers, specialists can
- Assist people towards achieving goals by providing them with choice opportunities,
- Allow people to explore new options or modify previous selections,
- Brainstorm with people various alternatives, including the consequences associated with different choices, advantages and disadvantages involved, and/or "what do you pay?/what do you get?" comparisons,
Module 2: A Person’s Rights

- Teach ways for people to consider various alternatives, and
- Learn valuable information about the person’s choice-making strategies, problem-solving skills, and style of decision making.

All of us have made important decisions in our lives. Which ones are you most proud of? Which ones would you like to change? Why were some of them good decisions and some of them ill-advised? The answer probably has to do with the amount of valid information available at the time, and how we went about the process of making the decision. If a decision involved choosing a job, you probably sought information about salary, benefits, work tasks, co-workers, supervisors, promotion, and whether there were better jobs available. If a decision involved developing an interpersonal relationship with another person, you probably sought information about mutual interests, compatibility of ideas and attitudes, preferences about emotional involvement and sexual activity, members of the person’s family and friends, and beliefs about how strong the relationship should be and how long it should last. There are three important points to make about our own choice making, and each one applies equally well to the choices that people make. First, wise decisions are made only after gathering as much information as possible. The temptation to make impulsive decisions should be subdued unless you can “trust the emotion.” Second, wise decisions are those for which we consider the consequences of different options, the advantages and disadvantages involved, and/or “what do you lose?/what do you get?” comparisons. Third, even after gathering information and weighing consequences, we all make decisions that we later regret!

Choice making for people with disabilities is often a difficult task. Some people with disabilities may not have the resources to gather sufficient information. Others make impulsive decisions based on little or no information. Or, some people may rely on specialists to supply the information and make the decisions. In all of these cases, specialists must supply as much objective information as possible before the choice is made. They must teach people to weigh the consequences associated with different choices, assess the advantages and disadvantages involved, and consider “what do you lose?/what do you get?” However, they must also be careful not to influence or judge the decision. People must ultimately be responsible for their decisions. When they make decisions with which we do not agree, we should recall our own ill-advised decisions. Eventually, we learned from them, and so will the people we serve.
Specific strategies. Specialists may use a variety of procedures to assist people with choices without undue involvement or bias in the decision making:

1. Put the person in contact with others who have recently confronted the same decision-making process.
2. Help the person gather information. Involve the person as much as possible.
3. Put the person in contact with family members or friends to gather information.
4. Ask if you and the person can consider the consequences associated with different choices or assess the advantages and disadvantages involved. One way to phrase this process is to look at “what do you lose?/what do you get?” Draw a line down a sheet of paper and list advantages versus disadvantages, or “what do you lose?” versus “what do you get?”
5. Depending on the person’s capacity to understand, ask open questions such as
   “What are some different things you could do?”
   “What is the best/worst thing that could happen?”
   “How could you make it happen?”
   “How would you feel if you did that?”
   “If you did that, what would you be doing a year from now?”

If necessary, close up the questions slightly by asking
   “If you did that, would you be happy/sad?”
   “If you did that, would others be happy/sad?”
   “If you did that, would things be better/worse?”
   “If you decide to do this, what are you going to need to make this (decision) work?”
   “If you decide to do this, who do you need to talk to so that this (decision) works?”

6. As much as possible, leave the ultimate decision to the person. Praise the person for the decision-making process, not the decision itself (e.g., “You worked hard making that decision. Decisions are not easy, but you figured it out!”).

What Is Informed Consent?
Some people may be asked to participate in training programs, behavioral interventions, or research studies. Others may be asked to take medications to alter their behaviors or accept placement in a certain residential or day program. In these and other cases, the field of choice making has been restricted. Instead of having free choice of several options, someone is
influencing people to make specific “choices.” For illustrative purposes, let’s say that the “someone” is a Developmental Disability Agency. If people have the capacity to understand what they are consenting to and if they participate voluntarily, then the community service provider must ensure that certain safeguards are provided. Informed consent means that a person who is 18 or older and does not have a legal guardian must comprehend all of the information provided and provide written consent. Informed consent should not be inferred by a passive response from the person. A “head nod” is not informed consent. In fact, it refers to behaviors such as verbal or nonverbal language of the person indicating (a) approval of treatment procedures, training activities, or other actions, (b) the right to refuse consent, (c) the right to withdraw at any time without penalty, (d) understanding of the risks and benefits involved in participation, and (e) understanding of the risks and benefits involved in alternative treatments, training activities, or other actions (Martin, 1975). People should be able to answer questions about their consent (e.g., “What are you agreeing to?” or “What is going to happen?”).

If a person is under age 18, then consent must be provided by parents. For parent consent to be truly informed, they too must be afforded all of the rights and responsibilities described above.

Some people are over age 18 but do not have the capacity to receive and/or express information. If diminished capacity is due to English being a second language, then the information must legally be communicated in the person’s native language. If diminished capacity is because the person uses an augmentative communication system (such as sign language), then again, the information must be communicated in that language. If the person still cannot receive and/or express information, then consent must be provided by a legal guardian appointed by the county or district court. That is, there is no informed consent from the person, and a legal guardian must represent the interests of that person.

Many youth continue to participate in special education programs between the ages of 18 and 21. Even though they have reached the “age of majority,” their parents maintain legal rights according to safeguards described in the Individuals with Disabilities Education Act (IDEA). In a case called Mrs. C. v. Wheaton, a 20-year-old student in special education quit school without the parent being notified. The parent claimed that her youth’s termination was invalid and sought to
reinstate the youth. The court held that termination without parent permission was a violation of IDEA (Osborne, 1996).

### Civil Rights

People with disabilities who participate in services have the same rights as other citizens. Because their capacities to understand their rights may be diminished, a legal guardian may be appointed to represent their interests and ensure that these rights are protected. Generally, the following rights are afforded to all citizens. This list is identical to the one appearing in the Idaho Administrative Code, IDAPA, Rules Governing Developmental Disabilities Agencies, section 760. See the complete Idaho Administrative Code, IDAPA, Rules Governing Developmental Disabilities Agencies in Appendix I.

Each person receiving services through an agency designated under these rules shall be ensured the (right to):

1. Human care and treatment,
2. Not be put in isolation,
3. Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others,
4. Be free of mental and physical abuse,
5. Communicate by telephone or otherwise and to have access to private area to make telephone calls and receive visitors,
6. Receive visitors at all reasonable times and to associate freely with persons of his own choice,
7. Voice grievances and to recommend changes in policies or services being offered,
8. Practice his own religion,
9. Wear his own clothing and to retain and use personal possessions,
10. Be informed of his medical and habilitative condition, of services available at the agency and the charges for the services,
11. Reasonable access to all records concerning himself,
12. Refuse services,
13. Exercise all civil rights, unless limited by prior court order,
14. Privacy and confidentiality,
15. Be treated in a courteous manner,
16. Receive a response from the agency to any request made within a reasonable time frame,
17. Receive services which enhance his social image, personal competencies, and whenever possible, promote inclusion in the community.
18. Refuse to perform services for the agency,
19. Review the results of the most recent survey conducted by the Department of Health and Welfare and the accompanying plan of correction.
20. All other rights established by law.
21. Be protected from harm.
Module 2: A Person’s Rights

In addition to these rights afforded to all citizens, specific rights were articulated for parents/guardians in the Individuals with Disabilities Education Act. These were referred to as “due process rights” in the legislation:

According to the Individuals with Disabilities Education Act, parents/guardians and their children are afforded the following due process rights:

1. Parents have the right to inspect and review all educational records of their child.
2. Parents have the right to obtain an independent evaluation of their child at their expense or at the school’s expense if they wish a second opinion. The school pays only if the evaluation is required by a hearing officer.
3. Schools must provide written notice to parents before the school initiates or changes the identification, evaluation, or placement of a child in special education. Consent must be obtained from the parent before conducting the evaluation and before initial placement.
4. The written notice to parents must include a description of the proposed actions that may be taken by the school district. This notice must be provided in the parent’s native language. The notification must be understood by the parents.
5. A parent or school may initiate a due-process hearing if there is a dispute over the identification, evaluation, or placement of the child. A due process request initiates a series of legal actions. Parents and the school district may elect to be represented by legal counsel. If the dispute cannot be resolved, a due process hearing is scheduled. At the hearing, an impartial hearing officer gathers information regarding the dispute and makes a legally binding decision.

Protection of A Person’s Rights

People receiving services from Developmental Disability Agencies must be informed of the rights listed above. Legally, when services are started, persons and, if applicable, their guardians, must receive a packet of information outlining their rights and access to grievance procedures. They must also receive a list of names, addresses, and telephone numbers of protection and advocacy services. Persons and guardians must be provided with verbal explanations of their rights in a manner that “best promotes understanding.” See IDAPA Rules Governing Developmental Disabilities Agencies in Appendix I (page 10, section 760). Agencies are required by law to post a list of the rights described above.

As you can see, the role of the specialist is critical in protecting people’s rights. Specialists must continually ask themselves

- Are the person’s rights being upheld?
- If rights were violated, what form would the violation take? What would I look for?

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• Since I have significant influence on the person, what potential problems in my own behavior should I consider? When/how should I avoid influencing the person?

**What is the Least Restrictive Environment?**

Historically, opportunities for people with disabilities to participate in community schools and activities were restricted. Society’s exclusion of people with disabilities resulted in legal challenges. In the 1960s, Mrs. Lake, a senior citizen experiencing senility, was committed to a mental institution. She protested through the Federal Court of Appeals in Washington, D.C. The court ruled that Mrs. Lake was entitled to “the least restrictive alternative available, and that the burden was on the state to explore and exhaust all less restrictive alternatives before they confined her” (*Lake v. Cameron*, 1966). Soon after, three Alabama facilities for adults with mental illness and mental retardation came under fire. A federal district court affirmed that the State of Alabama was not providing adequate care to people. The court ruled that people had rights to humane physical and psychological treatment, qualified staff, and individualized treatment plans, all carried out in the least restrictive environment (LRE) (*Wyatt v. Stickney*, 1972). While some scholars tend to think of LRE as a concept that grew out of special education, these examples show that its origin was in adult services. Later, federal legislation reinforced the importance of LRE in *The Individuals with Disabilities Education Act of 1977* and *The Individuals with Disabilities Education Act of 1990*. **LRE** refers to the legal right of people to receive education and related services in a setting where they can interact, to the maximum extent possible, with people who do not have disabilities. Separate environments may be used only when the nature or severity of the person’s disability is such that instruction in less restrictive environments cannot be carried out, even with supplementary aids and services. Legislation does not require that services be provided in general education classrooms or community environments, only that services be provided in settings that are least restrictive, given the needs and characteristics of each person. Specialists need to be asking themselves, “Is the service I am providing being carried out in the least restrictive environment?”

**Reporting Suspected Abuse**

In Idaho, “all confirmed or suspected incidents of mistreatment, neglect, exploitation, or abuse shall be reported to the adult or child protection authority” (IDAPA - Developmental Disabilities...
Agencies Section 762). Your Developmental Disability Agency may have specific procedures to follow when you suspect or witness these activities. Please discuss these issues with your agency and become familiar with the procedures. Check the local listings for phone numbers to the adult/child protection units. When calling child/adult protection units, you may remain anonymous if you wish. However, when reports are investigated, it helps the investigator information and build a case if your identity is known. If you do suspect abuse of a person receiving services or a person reports abuse to you, do not ask probing questions. You may interfere with the adult or child protection services investigation.

**Maintaining Confidentiality**

Every time specialists provide verbal or written information to someone, they must ask themselves this question: “Has the person or the person’s parent/guardian released this information to this person, and is the form with the written (signed) consent on file?” Check your Developmental Disability Agency’s policies, and see IDAPA - Developmental Disabilities Agencies Section 999.

**Confidentiality** refers to avoiding disclosure of any personally identifiable information about a person with disabilities. It pertains to the actions necessary to protect personally identifiable information (verbal communication, records, etc.). The Family Educational Rights and Privacy Act of 1974, commonly known as the Buckley Amendment, forbids release of educational information which identifies the person *without written (signed) consent*. This law relates to the release of information to anyone outside the Developmental Disability Agency. Signed consent allowing the release of information may be provided by

- the person, if over 18 years of age, and if his/her own legal guardian,
- by the parent/guardian, if the person is under 18 years of age, or
- by the parent/guardian, if the person is over 18 years of age but is not her/his own legal guardian.

In any case, a signed consent form must be on file. If the signed consent form is not on file, the information cannot be released. Here are some guidelines for releasing information and maintaining records about people (Browder, 1991):

1. Parents/guardians and the person receiving services have the right to review their records.
   Check with your supervisor about your agency’s specific policy.
2. No information that identifies the person can be released to anyone outside the Developmental Disability Agency without written consent.

3. Personally identifiable information or names should not be used when discussing any matter with someone who is not directly involved in the person's education or services.

4. Personal data or other information with names, pictures, or other identifying information should not be posted without parent/guardian or personal permission.

5. Recording forms with personal data, including log books and forms, should not be left in public places, but should be kept in private files. Many Developmental Disability Agencies require that these private files remain locked at all times. Check with your supervisor about your agency's specific policy.
Module 2 Progress Check

Respond to the items below, then check your answers with those in Appendix A.

1. Name two roles of the specialist in personal choice making:
   • ____________________________
   • ____________________________

2. Name three ways that specialists may use a variety of procedures to assist people with decisions without undue involvement or bias in the decision making:
   • ____________________________
   • ____________________________
   • ____________________________
   • ____________________________

3. Name two open questions that you can ask of people to help them make choices:
   • ____________________________
   • ____________________________

4. If people are under age 18, then informed consent must be provided by______________.

5. If people cannot receive and/or express information due to diminished capacity, then consent must be provided by a _______ ________.

6. If diminished capacity is due to English being a second language, then the information must legally be communicated in the person’s _________ __________.

7. Which one of the following is not a personal right, according to Idaho state policy?
   ___ Human care and treatment.
   ___ Be free of mechanical restraints, unless necessary for the safety of that person.
   ___ Be free of mental and physical abuse.

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Module 2: A Person's Rights

__ Receive visitors 24 hours a day and to associate freely with persons of choice.
__ Communicate by telephone or otherwise and to have access to private area to make telephone calls and receive visitors.

8. T F People have the right to be informed of medical and habilitative conditions.
9. T F Because of their diminished capacity, people do not have rights to reasonable access to records concerning themselves.
10. T F People have the right to refuse services.

11. While working at the Unicorn Services Program, you receive a call from Calvin Jones, the program director of the Zebra Services Program across town. Mr. Jones says that a state agency has arranged for one of your people receiving services, Angela, to move to his program in two weeks. He is interested in getting a fax of Angela's records so that he can share the information with his staff and begin making plans for her arrival. He and his staff are awaiting your fax. You check her file for a written consent to release information to Mr. Jones, but you find nothing. In the space below, write what you would say to Mr. Jones:

____________________________________________________________________________________

____________________________________________________________________________________

12. Let's modify the situation above. What if Mr. Jones was program director of the Unicorn Services Program #2 across town. He and your supervisor have the same boss, the Executive Director of Unicorn Services, Dr. Melinda Chrisman. Mr. Jones and his staff are awaiting your fax. Should you release the information to Mr. Jones? Why or why not?

____________________________________________________________________________________

____________________________________________________________________________________

13. You are a specialist for South Bay Training Services. One of your service participants, Dwight, is moving into his own apartment. On Thursday afternoon, two employees of Baytown Furniture arrive to deliver a couch to Dwight's apartment. One of the movers notices

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Dwight’s picture on the wall and identifies himself as Dwight’s brother. He wants to know how Dwight is doing? In the space below, write what you would say to the mover:

14. Let’s extend the situation above. Is the statement below (made by you) acceptable and unacceptable? Why?
   “I’ll leave a note for Dwight so that he can call you himself.”

References


Module 3: Principles of Assessment

Overview
Module 3 describes four principles of assessment, types of assessment, three phases of assessment, and data graphing procedures. After reading this module, specialists will:

- identify four principles of assessment,
- describe one primary reason for assessing an individual’s performance,
- distinguish between standardized and developmental assessment, and
- describe baseline, instructional, and probe assessments.

Key Terms in Module 3

- **Assessment:** Systematically gathering information about a person’s abilities and/or attitudes to make appropriate training decisions and to solve problems.
- **Standardized assessment:** Tests of intelligence, adaptive behavior, reading or math skills, motor skills, etc. These assessments compare one’s performance to the performance of others.
- **Developmental assessment:** An assessment of a person’s interests, strengths, and needs in a specific discipline.
- **Baseline phase:** An assessment of performance under natural conditions before instruction occurs. The baseline describes the level of a skill or behavior before we try to change it.
- **Instructional phase:** The level of a skill after training is started.
- **Probe assessment:** The level of a skill or behavior after training is started, but with no assistance, prompts, cues, or positive reinforcement that were a part of instruction.

Assessment Principles
**Assessment** involves systematically gathering information about a abilities and/or attitudes to make appropriate training decisions and to solve problems (Bellamy, Horner, & Inman, 1979). Let’s examine assessment by considering four principles.

1. Assessment should be done for making decisions.
2. Assessment information helps solve problems.
3. The type of assessment must fit a specific purpose.
4. Assessment is often done to detect changes in performance over time.

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Principle 1. **Assessment should be done to make decisions.** Why should developmental specialists gather information on a person’s strengths and needs, and collect data on skill levels? In large part, these activities help the specialist and the person make informed decisions. Specialists can answer important questions by collecting data. Consider these:

- Is a person making progress toward reaching a goal? If so, how much progress?
- Are instructional procedures effective in improving a skill? Could other procedures prove more effective in increasing a skill level?

Specialists address these questions by systematically gathering information. Using systematic assessment procedures, they provide the person and the support team with the necessary data to make important decisions.

Principle 2. **Assessment information helps solve problems.** Many professionals conduct assessment in the initial stages of their activity. For example, physicians arrange for tests before they diagnose and treat patients, engineers survey terrain before building roads, and teachers administer tests to students to find starting points in a classroom curriculum. Likewise, specialists conduct assessments to solve instructional and behavioral problems. They cannot solve problems without assessment information any more than physicians can treat patients without performing diagnostic tests.

Principle 3. **The type of assessment must fit a specific purpose.** We can divide assessment into two types: standardized and developmental (McLoughlin & Lewis, 1994). Standardized and developmental assessments have different purposes. **Standardized assessment** involves tests of intelligence, adaptive behavior, reading or math skills, motor skills, and so forth (Agran & Morgan, 1991). This type of assessment sometimes requires that examiners be formally trained, certified, and/or licensed. Standardized assessment is useful in reaching decisions about a person’s eligibility for programs, placement into programs, and so forth.

**Developmental assessment** may involve an assessment of a person’s career and life plans, job preferences, skill levels and behaviors. This information is useful in developing Individual Program Plans (IPPs) and Individual Service Plans (ISPs). Developmental specialists need training to conduct developmental assessments, but not necessarily certification or licensure.

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Principle 4. **Assessment is often done to detect changes in performance over time.** One primary reason for assessment is to compare current performance to previous performance. This is how we draw conclusions about whether a person is making progress. If a person is correctly performing 35% of steps in a dressing task in February, then 75% of the steps in March, we can conclude that progress has occurred. However, if the March level is 30%, we would conclude that something must change to boost progress.

A common practice in human services is for specialists to assess performance under natural conditions before instruction occurs. This is called the **baseline phase** (Kazdin, 1982). It describes the level of a skill or behavior before we try to change it. Later, specialists compare the baseline phase to the **instructional phase** (after they start training *skills*) or to the **intervention phase** (after they start changing *behaviors*). The baseline phase usually lasts three to five sessions, unless (1) the level of performance is zero or very low, or (2) the specialist wishes to change a behavior that is harmful. In these cases, the baseline phase may be shortened. Specialists often compare baseline and instructional phases on a graph, such as the one shown on the following page. They find graphs useful for detecting progress and for checking trends over time. Graphs are also useful when communicating information to others, such as to the person receiving services or to family members.

The graph on the following page shows that a person completed more steps of an eight-step bed-making task during the instructional phase than during the baseline phase. On the last two sessions of instruction (Thursday and Friday), the learner completed 7 - 8 steps per session. But how much assistance was the specialist providing? What if the specialist was prompting the person to do steps of the task? What if all the assistance was eliminated: would the person do as well?

The specialist may want to do a **probe assessment**, that is, collect data on the person’s performance when no extra assistance, prompts, cues, or positive reinforcement are provided. A probe is usually conducted at the beginning of a training session, and measures how well a person performs a task or steps of a task with no help. It is the “acid test” of the effectiveness of a training program. After a probe assessment, the specialist can compare the person’s performance to the baseline phase to find out how much progress has been made under conditions of no assistance.
Module 3 Progress Check

Respond to the items below, then check your answers with those in Appendix A.

1. Tests of intelligence, adaptive behavior, reading or math skills, or motor skills, which compare one's performance to the performance of others are called (standardized/developmental) assessments.

2. An assessment of a person's interests, strengths, and needs is called (standardized/developmental) assessment.

3. What is a baseline phase? ____________________________

4. The level of a skill after training is started is called the ________________

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5. What is a probe assessment? ______________________

6. A person is learning the steps of a cooking task (making macaroni and cheese). The specialist has recorded the percentage of steps that the person performed correctly. On the graph below, plot the percentage of steps performed correctly each day, starting with Monday in the Baseline phase. Connect the dots with lines in the baseline phase and in the instructional phase. Is the person making progress?

Percentage of steps performed correctly:

<table>
<thead>
<tr>
<th>Baseline (3 days):</th>
<th>Instruction (7 days):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday = 50</td>
<td>Monday = 60</td>
</tr>
<tr>
<td>Tuesday = 0</td>
<td>Tuesday = 80</td>
</tr>
<tr>
<td>Wed. = 40</td>
<td>Wed. = 70</td>
</tr>
<tr>
<td></td>
<td>Thurs. = 40</td>
</tr>
<tr>
<td></td>
<td>Friday = 30</td>
</tr>
<tr>
<td></td>
<td>Thurs. = 100</td>
</tr>
<tr>
<td></td>
<td>Friday = 90</td>
</tr>
</tbody>
</table>

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Module 3: Principles of Assessment

References


Module 4: Standardized and Developmental Assessments

Overview
Module 4 covers three general topics related to assessment. First, it describes different kinds of standardized assessments and what they measure. Second, the module examines the meaning of standardized assessment scores and investigates ways to summarize assessment data. Third, it describes developmental assessment, and illustrates procedures for writing developmental evaluation reports. After reading this module, specialists will:

- describe standardized assessment and what characteristics these tests measure,
- identify the meaning of different types of standardized assessment scores,
- identify interests, strengths, and needs based on developmental assessment information,
- discriminate between specific and vague language in a developmental evaluation report.

Key Terms in Module 4

- **Norms**: A large sample of individual scores, drawn from the population, whose performance on a standardized assessment is used for comparison purposes. A person’s score is compared to scores from the norm group.
- **Norm-referenced tests**: Tests constructed and validated by first creating a distribution of scores from the norm group.
- **Mean**: The arithmetic average of a set of scores.
- **Standard score**: A score that is compared to scores from a norm group which has a mean of 100 (such as IQ scores).
- **Percentile rank**: The percentage of standard scores in the norm group that fall equal to or lower than a given score.
- **Mode**: The most popular score. That is, more people obtained the modal score than any other score.
- **Median**: The middle score, or 50th percentile score. That is, 50% of the norm group scored equal to or lower than the median score.
- **Developmental assessment**: An assessment of a person’s interests, strengths, needs, and prioritized needs.
- **Prerequisite skills**: Skills that must be developed before other ones can emerge.
Module 4: Standardized and Developmental Assessments

Standardized Assessment and What The Tests Measure
Module 3 identified standardized assessment as tests for measuring intelligence, adaptive behavior, reading or math skills, or motor skills. For example, the Wechsler Adult Intelligence Scale, Third Edition (WAIS III) and Stanford-Binet Intelligence Scale (Fourth Edition) are standardized assessment instruments that measure intelligence. These tests may be useful for reaching decisions about eligibility or placement for programs.

What Do Standard Scores Mean?
Scores, such as intelligence quotients (or IQ scores), are often called standard scores. Standard scores usually compare a person’s performance to that of other people (McLoughlin & Lewis, 1994). The examiner must be specially trained, and in many cases, licensed. Specifically, to administer IQ, achievement, and many perceptual-motor assessments, special training and licensure is usually required. The examiner is interested in how one person performs on the test in comparison to a large sample drawn from the population. Scores from this sample are called norms. Standardized assessments are often called norm-referenced tests. Let’s say a person obtains an IQ score of 70 in comparison to the entire norm group of test scores, which is represented by an average, or mean score, of 100. The figure on the next page shows a distribution of standard scores with a mean of 100, a range of standard scores from below 40 to above 160, and percentile ranks corresponding with standard scores at various levels. A percentile rank indicates the percentage of scores in the norm group that fall equal to or lower than a person’s score. For example, a percentile rank of 84 indicates that 84% of the norm group scored equal to or lower than a given score. The person’s IQ score of 70 corresponds with a percentile rank of 2.30. That is, 2.30% of the norm group scored equal to or lower than the score of 70. We can identify characteristics of standard scores and the performance of people, given the figure on the next page.

- The mean, or average score, is 100.
- In a normal distribution, the mean score is also the most popular score (mode). That is, more individuals in the sample scored at 100 than at any other point.
- The median score is the middle score, or 50th percentile score. That is, 50% of the norm group scored equal to or lower than the score of 100, and 50% scored higher.
A standard score (or IQ) of 69 or below is one requirement for a diagnosis of mental retardation. About 2 - 3% of scores from the norm group fall at 69 or below.

**Module 4 Workbook Exercise: Understanding Standard Scores**

Using the figure of norm group scores above, identify the following:
- What percentile rank corresponds with a standard score of 85? With a standard score of 130?
- What standard score corresponds with a percentile rank of 84? With a percentile rank of 97.7?
- What percentage of scores from a norm group distribution fall at or below 70?
- What percentage of scores from a norm group distribution fall between 85 and 100?

Answers to this workbook exercise are presented following the Module 4 Progress Check.

A person’s standard score may assist in making general decisions about eligibility or placement. However, the score provides no information about the person’s specific skill levels, including
strengths or needs. Thus, standard scores have little or no use in identifying needed services for people.

**Developmental Assessments and What They Measure**

Developmental assessments provide information about a person’s interests, strengths, needs, and prioritized needs. The purpose of a developmental assessment is to generate information to guide development of Individual Program Plans or Individual Service Plans (IPPs/ISPs). In fact, IPP/ISP objectives must correspond with needs identified in developmental or other types of assessment. After completion of developmental and other assessments, and after identification of interests, strengths, and needs, the person and support team meet to develop the IPP/ISP.

![Diagram of developmental assessment process]

**NOTE TO THE READER:** Only those trained professionals who meet the qualifications for the title “Developmental Specialist” may conduct developmental assessments.

Some developmental assessments may be based on tests that yield standard scores, such as the Inventory for Client and Agency Planning (ICAP: Bruininks, Hill, Weatherman, & Woodcock, 1986) and Scales of Independent Behavior (Bruininks, Hill, Weatherman, & Woodcock, 1985). Another standardized assessment, the Vineland Adaptive Behavior Scale (Sparrow, Balla, & Cicchetti, 1985) is often used to evaluate performance of school-age children. Other developmental assessments are created by Developmental Disability Agencies. The latter assessments do not compare a person’s scores to other individuals, but detect one’s strengths and needs.
Module 4: Standardized and Developmental Assessments

Assessments should identify skills and assess performance in each of the following seven areas of independent living:

<table>
<thead>
<tr>
<th>AREAS OF INDEPENDENT LIVING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care</td>
</tr>
<tr>
<td>Receptive language</td>
</tr>
<tr>
<td>Expressive language</td>
</tr>
<tr>
<td>Learning</td>
</tr>
<tr>
<td>Mobility</td>
</tr>
<tr>
<td>Self-direction</td>
</tr>
<tr>
<td>Capacity for independent living/economic self-sufficiency</td>
</tr>
</tbody>
</table>

Most assessments arrange subskills along a continuum from simple to complex. For example, the first subskill under mobility may be “holds head up while lying on stomach.” Later in the mobility continuum, more complex subskills may include “walks down stairs by alternating feet” followed by “rides a bicycle.” The most complex mobility subskills might be “bends over and looks through legs.” Developmental Disability Agencies may use any of the standardized or developmental assessments, as long as they address the seven areas of independent living and arrange skills in each area along a continuum from simple to complex.

The Developmental Disability Agency may develop its own method of assessing skills. Developmental specialists often complete the assessment. Typically, the specialist (a) observes the person’s skills over an extended period of time, (b) questions the person about specific skill areas, and (c) questions parent/guardian, family members, or others about the person’s skills. Gathering information from multiple sources may increase the validity of the assessment. Discrepancies in whether or not a person can display a skill should be resolved through direct observation. When observing, the specialist should arrange a situation identical to that described in the assessment. If questions still remain on whether or not a person can display a skill, the specialist should arrange a repeated observation. Follow your organization’s procedures for observation and assessment.

A person’s performance in the seven areas of independent living can be assessed in several ways. Again, the specialist should follow organizational procedures. First, the specialist may code each subskill “+” (i.e., the subskill was observed or reported), or “-” (i.e., the subskill was not observed or reported as not occurring). If a subskill occurs inconsistently or is “emerging,” follow assessment guidelines or your agency’s procedures. Second, the specialist may code each subskill according to the level of support or prompting necessary (e.g., occurred with physical guidance, occurred with verbal prompting, occurred following a model, occurred independently, etc.).

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Writing the Developmental Evaluation Report

After scoring all the subskills in each of the seven life skill areas, the developmental specialist has a comprehensive assessment of the person’s performance. The specialist’s next task is to summarize the person’s performance in a developmental evaluation report. The summary section of the report can be written in a number of ways, depending on service provider preference. Generally, the summary should:

- name the method of obtaining information on skill levels (i.e., direct observation, interview with the person, interview with parent/guardian, family members, or others),
- name the informant (i.e., the person receiving services, parent/guardian, family member),
- name the location where the information was obtained,
- identify the highest, or most complex skill, displayed in each of the seven skill areas,
- identify the lowest, or least complex skill, displayed in each of the seven skill areas, and
- use specific language with terms that are observable and measurable, describing actions and outcomes. Avoid vague, potentially misinterpretable terms.

Using specific language. For some specialists, using specific language requires practice. A large proportion of English language involves words that merely imply action and words that can be misinterpreted. We use these words in written and verbal communication every day. Examine the difference between these potentially misinterpretable words/phrases and the alternatives:

<table>
<thead>
<tr>
<th>Verbs that may be misinterpreted</th>
<th>Verbs that clearly describe action</th>
</tr>
</thead>
<tbody>
<tr>
<td>feels</td>
<td>verbally communicates her preference/dislike for</td>
</tr>
<tr>
<td>knows</td>
<td>verbally reports/identifies the correct solution</td>
</tr>
<tr>
<td>deliberates</td>
<td>verbally responds after 5 seconds</td>
</tr>
<tr>
<td>is afraid of</td>
<td>uses manual signs to indicate her dislike for</td>
</tr>
<tr>
<td>is motivated</td>
<td>approaches the object during free play</td>
</tr>
<tr>
<td>appreciates</td>
<td>verbally states her preference for</td>
</tr>
<tr>
<td>gets along with</td>
<td>verbally reports that her best friend is</td>
</tr>
<tr>
<td>fights with ___</td>
<td>engages in physical aggression on two occasions with ___</td>
</tr>
<tr>
<td>likes</td>
<td>chooses by picking up the object</td>
</tr>
<tr>
<td>is anxious of ___</td>
<td>screams and runs away when ___ is present</td>
</tr>
<tr>
<td>holds</td>
<td>grasps with both hands</td>
</tr>
</tbody>
</table>

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Module 4: Standardized and Developmental Assessments

Nouns that may be misinterpreted
knowledge
assistance
recognition
thinking
depression
communication
confusion

Nouns and modifiers that clearly describe action
verbal statement indicating...
verbal statements/manuel signs

A sample report excerpt. The following is an excerpt of a developmental evaluation report on mobility for a 22-year-old female (Chelsea) with mental retardation and cerebral palsy:

Mobility
Most information on Chelsea’s mobility was obtained through direct observation. Observations were conducted on September 15 and September 18 at Chelsea’s home. When the subskill was not observed (such as walking in the neighborhood), information was obtained in an interview with Chelsea’s natural mother, Ms. Anita Davis. Observations indicated that Chelsea can stand, sit, and walk independently. She jumped a distance of 12 inches forward, but could not jump backward. She was unable to walk a straight line of 10 feet due to balance problems and a tendency to drag her left foot. However, her mother reports that Chelsea walks distances of 2-3 city blocks, with supervision, to visit a friend. She independently walks up stairs alternating feet. She walks down stairs, but only by placing both feet on each step. Chelsea prefers to use a hand rail when walking up and down stairs. She can sit in a chair and stand from a seated position. She can independently sit and stand from the passenger seat of a car and van. Chelsea did not walk backwards or sideways. When asked to stand on one foot, Chelsea switched back and forth between feet, standing on one foot for a maximum of two seconds. While she can kick a ball, Chelsea could not run, squat, hop on one foot, skip, or bend to pick up objects.

The specialist should summarize a person’s performance in each of the seven areas of independent living using terms that are observable and measurable. The specialist should identify both strengths and needs in each area.

Isolating Interests, Strengths, Needs, and Prioritized Needs
After summarizing performance in each area, the specialist must identify interests, strengths, needs, and prioritized needs. Prioritized needs are those that the specialist and the person want targeted for instruction or behavioral intervention in the IPP/ISP. Other identified needs can be targeted after prioritized needs are addressed. The specialist can isolate strengths and needs by (a) discussing the assessment results with the person, (b) discussing the assessment results with the parent/guardian, and/or (c) reviewing the results to identify highest, or most complex skills; and

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lowest, or least complex skills. Interests may be isolated through direct questioning of the person or parent/guardian about goals, future aspirations and dreams, and/or highest skill areas (see Module 5 for more information, including specific questioning strategies). The Developmental Disability Agency may suggest alternative methods for isolating this information.

Based on this information, the specialist must write recommendations regarding the type and amount of developmental therapy to be provided, if any. These recommendations may be based on the person’s lowest or least complex skills, although they may be based on other factors as well. For example, specific subskills that are not observed may be considered higher priorities by the person or parent/guardian. Or, certain subskills may be considered prerequisite skills, i.e., skills that the person must display before other ones can develop. Again, the specialist should write recommendations using specific language.

The specialist may also recommend the specific type of therapy to address other priority needs. Given a priority area, the specialist may describe the type of therapy (e.g., speech and language therapy) that is needed. The specialist may also make referral for additional assessment or for other therapy needs. As always, the specialist is advised to follow the organization’s procedures.

Let’s return to the developmental evaluation report for Chelsea. Examine the following section on mobility interests, strengths, needs, prioritized needs, and recommendations:

**Mobility Interests:**
Chelsea verbally states that she wants to visit her friend (Stacey) more often. Stacey lives two blocks away and Chelsea enjoys walking to her house using the sidewalk on Walnut Street. While she currently walks to Stacey’s house about once per week, she’d like to walk 2-3 times per week but currently lacks the stamina. Chelsea would also like to attend more social activities, such as dances. She verbally indicates that she can perform all of the movements necessary to meet her current job requirements. She wants to learn to swim. Ms. Davis confirmed Chelsea’s interest areas.

**Mobility Strengths:**
Chelsea’s mobility strengths include standing, walking short distances, walking up stairs, and entering/exiting cars and vans.

**Mobility Needs**
Priority needs are checked (✓) below:
Module 4: Standardized and Developmental Assessments

- Chelsea will jump backward a distance of 12 or more inches.
- Chelsea will walk to her friend’s house three blocks away, 2-3 times per week, with a supervisor, weather permitting.
- Chelsea will walk a straight line of 10 feet.
- Chelsea will walk downstairs alternating feet.
- Chelsea will pick up her left foot while walking along a flat surface for a distance of 10 feet.
- Chelsea will walk backwards and sideways, each a distance of 10 feet.
- Chelsea will stand on her right foot for 5 seconds.
- Chelsea will stand on her left foot for 5 seconds.

**Mobility Recommendations:** It is recommended that Chelsea receive 4-5 hours of individual developmental therapy per week to address the prioritized needs. It is also recommended that the occupational therapist conduct additional assessment to determine whether Chelsea needs therapy for observed needs.

Therapy recommendations must be directed toward the rehabilitation/habilitation of physical or mental disabilities in the areas of self-care, receptive/expressive language, learning, mobility, self-direction, capacity for independent living, capacity for economic self sufficiency. The developmental evaluation report should address interests, strengths, needs, prioritized needs, and recommendations in all seven areas of independent living.

See Appendix C for a sample developmental evaluation report. The method and format of evaluation used by your organization may be different from the sample shown. Appendix C presents one alternative.
Module 4 Progress Check

Respond to the items below, then check your answers with those in Appendix A.

1. A large sample of individual scores, drawn from the population, whose performance on a standardized assessment is used for comparison purposes is called the _________.

2. The arithmetic average of a set of scores is called the _________.

3. A score that is compared to scores from a norm group which has a mean of 100 (such as IQ scores) is called a _________.

4. The percentage of standard scores in the norm group that fall equal to or lower than a given score is called the _________.

5. Cameron obtained an IQ score of 70 on the WAIS III. What was Cameron’s percentile rank on this test. ______

6. Developmental assessments provide information about a person’s ________, ________, ________, and ________.

7. Developmental assessments must provide specific information about skills in seven areas of independent living. Name these seven areas: ________, ________, ________, ________, ________, ________, and ________.

8. In the following passage from a developmental evaluation report, underline the vague, potentially misinterpretable terms. Then, in the space that follows, rewrite the sentences with vague, potentially misinterpretable terms by clarifying and specifying the language. Provide context and specific examples as necessary.

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Leah knows how to tell time. She correctly named (verbally) the clock time when shown 4:30, 5:35, 8:12, 10:47, and 12:00 on a standard clock face. However, she had trouble with digital time-telling, because she did not know the time when shown five different examples. She was wishy-washy on her coin identification skills. When shown a nickel, she verbally named it correctly. However, when shown a dime, she did not know what it was. When shown a quarter, she verbally identified it as "a nickel."

9. Write a summary of the following coded data below, using specific language that describe the actions of the person (Jim).

**Writing**
- Holds a writing utensil .................................................. +
- Marks on paper with writing utensil .................................. +
- Holds a pencil correctly ............................................... -
- Prints own first and last name ........................................ +
- Writes all letters of the alphabet correctly .......................... +
- Writes from left to right on a page ..................................... +
- Writes a one to two sentence message ................................. -
- Writes own address ..................................................... -
- Addresses an envelope ................................................... -
- Types one or more words on a computer or typewriter keyboard .... +
- Types five or more words on a computer or typewriter keyboard .... -
- Writes one or more letters in cursive .................................. +
- Writes all alphabet letters in cursive .................................. -
Identify one strength and two needs based on Jim’s data and the summary of Jim’s data above:

Strength: 

Needs: (1) 

(2) 

Answers to Module 4 Workbook Exercise

- What percentile rank corresponds with a standard score of 85? 16 With a standard score of 130? 97.7
- What standard score corresponds with a percentile rank of 84? 115 With a percentile rank of 97.7? 130
- What percentage of scores from a norm group distribution fall at or below 70? 2.30%
- What percentage of scores from a norm group distribution fall between 85 and 100? 34.1%

Module 4 Application Exercise: Conducting a Developmental Evaluation and Writing the Report

NOTE TO THE READER: Using a developmental assessment instrument from your Developmental Disability Agency, conduct an assessment for a person with whom you work. Use an alias or initials to identify the person. Remember to safeguard the person’s confidentiality in discussion with other specialists. Follow the guidelines described in this module for conducting a developmental assessment and writing the evaluation report. Submit your completed assessment data and written evaluation report to your instructor. Later application exercises may build on your written report in this exercise.
Refernces


Module 5: Program Development

Overview
Module 5 will examine ways that developmental specialists can assist in creating a plan for achieving a person's career and life goals. We will pay particular attention to the role of the specialist in the planning process. After reading this module, specialists will:

• describe Individual Program Plans (IPPs) and the Person-Centered Planning process,
• describe career and life planning, and
• identify the seven components of the IPP.

Key Terms in Module 5

• Individual Program Plan (IPP): A goal-directed plan developed and carried out by the person receiving services and others who associate with the person (developmental specialists, family members, etc.).

• Support Team: Persons who meet at least once annually and participate in efforts to assist a person in meeting goals. Participants include the person and may also consist of the parent/guardian, family members, friends, case manager (i.e., service coordinator), representatives from the Developmental Disability Agency, developmental specialist, other specialists or therapists, rehabilitation counselor, special educator, and others.

• Person-Centered Planning (PCP) process: A process that attempts to empower the person towards self-directed goals that build on strengths and aspirations, not weaknesses or deficits. The PCP starts with personally expressed goals.

• Personal Goal: A general statement about what a person wants to achieve.

• Behavioral objective: A more specific statement about the level of performance for a person to achieve. It is usually stated in such a way to be observable and measurable.

Discovering and Respecting a Person's Aspirations
How did you discover your life goals? Your career goals? What process did you use to pinpoint your selections? For many of us, determining goals is a gradual, cumbersome task involving no
systematic method. Sometimes it involves trial and error. Sometimes it takes years to decide what we want to do. Rarely do we realize our goals based on a question or a piece of information from someone else.

As developmental specialists, we are in unique positions to assist people with disabilities as they chart their futures. We can inform, guide, offer choices, and ask questions. However, we would do well to examine our own situations to understand the complexity of the decisions, the unexplainable changes in directions, and the gradual nature of the selection process. Perhaps we should recall our own indecision and anxiety. *We must respect people - not for the career and life decisions that they make - but for enduring and tolerating the stressful process involved in making them.*

Specialists play vital roles in assisting people in identifying and attaining career and life goals. Specialists can
- gather information on a person’s skills and preferences,
- provide information on different careers, living arrangements, and lifestyles of others,
- help people communicate their interests and
- arrange for people to meet others who have chosen specific goals.

Let’s examine each of these roles.

**Gathering information on skills and preferences.** Specialists frequently observe the actions of others. They observe behavior, collect data on program performance, write incident reports based on their observations, and so on. Rather than view these as isolated activities, experienced specialists observe to find connections between a person’s skills and preferences. They may ask questions such as the following: *"Is there a job or a lifestyle that matches a person’s abilities and interests?"* *"Is there a career path that is consistent with a person’s skills and preferences?"* *"Is there a living arrangement or lifestyle that can accommodate this person’s interests, skills, and behaviors?"

**Providing information on different careers, living arrangements, and lifestyles.** Once we get some answers to these and other questions, we need to supply new information to
people. We may need to arrange for a person to tour a job site or visit a home or apartment. We may want to arrange an interview with the person and a career specialist, rehabilitation counselor, or social worker. Most of us like to make our own decisions. However, most of us have made some bad ones along the way. Poor decisions are often the ones we make when we do not have all of the information we need. Give people what they need to make informed decisions!

Helping people communicate their interests. Sometimes when people communicate, their intentions are misunderstood. The author recalls Jared, a young man with mental retardation, who constantly talked about wanting to “buy a Mustang and cruise around town.” Developmental specialists had long since tuned out Jared when he started chattering about wanting his “Mustang.” Clearly, he possessed neither the skills nor the responsible behavior to achieve this goal. However, when one of the specialists suggested that he consider a job as a detailer at a local used car lot, Jared’s interest was piqued. Neither the type of car nor driving were important to Jared; he merely wanted to work around cars. In many cases, specialists must listen to more than the words to discover the message!

Arranging for people to meet others who have chosen specific goals. People with disabilities usually gather more information from actual experience than from verbal descriptions or pictures. A lecture on “what it is like to live in an apartment” probably means far less than a visit with someone who lives in one or an interview with an apartment manager. When describing information related to a person’s career or life goals, ask three questions: “How can I make this a meaningful learning experience in the actual environment?” “Can I arrange an observation, an interview, or both?” “How can (the person) gain firsthand experience?”

What Is Program Planning?
For over 20 years, human service organizations and educational programs have developed program plans for children and adults with special needs. These program plans, which vary with each person’s needs, are ways that social supports, technical resources, and training opportunities can assist a person in achieving their goals. We will begin by describing two different kinds of program plans: Individual Program Plans and Person-Centered Plans.

1. The Individual Program Plan (IPP). The IPP is a goal-directed plan developed and carried out by a person receiving services and others who are stakeholders in the person’s life. The
group of stakeholders is called the **support team**. Over time, a series of annual IPP goals should lead toward career and life goals.

**Purpose of the IPP.** The purpose of an IPP is to ensure that each person receiving state-funded services participates in a goal-directed plan (Powell et al., 1991). The IPP process is guided by three critical features:

- The person must be an active participant in the IPP. In fact, most organizations now encourage and teach people to determine the direction of their own program.
- The IPP should address skills that allow the person to function as independently as possible at work, at home, and in the community.
- As much as possible, the IPP must be carried out in integrated community settings.

Who participates in developing an IPP? An IPP is developed by the person and his/her support team. Participants include the person and may also consist of the parent/guardian, family members, service coordinator, representatives from the provider organization, developmental specialist, other specialists or therapists, rehabilitation counselor, special educator, and others. The person’s needs and preferences determine who participates.

Recently, the IPP model has been criticized by those who object to its emphasis on deficits and weaknesses (DiLeo, 1994). While IPPs are goal-directed, they often start by focusing on what a person needs to learn to overcome a deficiency (O’Brien, 1987). Periodically, support team members working on an IPP assess the person’s skills to detect additional deficits to focus on. This may mean that a person consistently participates in an IPP that targets one deficiency or another, which in turn may reinforce a stereotype of inadequacy within the person.
2. The Person-Centered Plan (PCP). Critics of the IPP approach have proposed a new method of individual planning called the Person-Centered Plan (PCP). Similar approaches include Personal Futures Planning (O’Brien, 1987) and the McGill Action Planning System, or MAPS (Forest & Snow, 1987). The PCP is based on comprehensive information about a person, starting with personally expressed goals. The PCP attempts to empower the person towards self-directed goals that build on strengths and aspirations, not weaknesses or deficits. The support team, consisting of family members, friends, co-workers, and service provider, assists the person by discovering capacities, exploring change, generating strategies, and making commitments (DiLeo, 1994). The support team meets regularly to help a person accomplish personal goals (Mount, Beeman, & Ducharme, 1988). Rather than assess skill levels to identify training needs, the PCP starts with a comprehensive assessment of one’s background, daily routine, friends, support groups, community locations and services, and opportunities. Based on this information, the support team develops a personal profile, i.e., a document that describes the person in detail (DiLeo, 1994). Based on the personal profile, the support team creates a personal futures plan according to the person’s vision in various life domains (such as leisure, social, school or education, family life, home life, health, etc.). The heart of the PCP is usually an action plan, which is a written statement of the resources and supports that the person has available to achieve future plans. Adults who have a targeted service coordinator use the PCP as a process to develop their Individual Support Plan.

For infants and toddlers who have Medicaid-funded service coordinators, the support team adapts the PCP process to the needs of the family. The Individual Family Service Program (IFSP) identifies not only the needs of the child, but those of the family supporting the child.

IPPs and PCPs: What are their differences and similarities? For some human service professionals, PCPs represent a radical departure from IPPs. First, PCPs reject the notion that people with disabilities have deficits that must be corrected. Instead, PCPs focus on abilities and resources. Second, the PCP attempts to place the person in a position of empowerment. People with disabilities decide what their plans consist of, and seek whatever assistance might be necessary from the support team. Third, the PCP philosophy questions the idea that “professionals know best.” Advocates for the PCP approach generally reject concepts of formal assessment, diagnosis, and program placement based on type of disability. Some Developmental Disability

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Agencies use the PCP process to help develop an IPP. The purpose of this discussion is not to generate controversy, but to present one model of personal planning that includes elements of both kinds of plans. Below, we will describe a general method of personal planning that centers on the person, is driven by the person, avoids focusing exclusively on deficits, and draws on the active support of professionals and acquaintances. We will describe the role of the developmental specialist in individualized planning activities.

**Addressing career and life goals in the individualized plan.** What have you done to develop your own career and life plans? Did you draw on your individual strengths, identify deficits and seek training in those areas, or both? Did you seek assistance from family, friends, or professionals? Do you check your status periodically to see whether goals are being met? Answers to these questions are probably as unique as the individuals answering them. Some have well-established plans; the rest of us are hard-pressed to identify one! Most of us would want to avoid a plan focusing on deficits alone, although some of us would see the need for training in certain skill areas. Most of us have sought help from certain sources, although few of us hold regular meetings with people willing to assist us in our goals. The skills that IPPs address should depend entirely on the unique interests and needs of the target persons. In most cases, the IPP should focus on a person’s career and life goals.

**Components of the IPP.** Let’s examine seven components of an IPP that identify actions carried out by the person and the support team:

<table>
<thead>
<tr>
<th>IPP Components:</th>
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<tbody>
<tr>
<td>1. Strengths and prioritized needs</td>
</tr>
<tr>
<td>2. Personal goals</td>
</tr>
<tr>
<td>3. Behavioral objectives</td>
</tr>
<tr>
<td>4. Starting, review, and target dates</td>
</tr>
<tr>
<td>5. Person(s) responsible</td>
</tr>
<tr>
<td>6. Type, amount, and duration of therapy</td>
</tr>
<tr>
<td>7. Individual Transition Plan</td>
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</tbody>
</table>

1. **Strengths and prioritized needs.** The IPP describes a person’s current functioning level. This is usually done by stating strengths and needs. Areas of strength may provide clues about possible career or life goals, especially if the person’s strengths correspond with one’s interests. Needs may be limitations in a person’s skills or behaviors, or may be other problems like schedule constraints, health or stamina concerns, etc. This IPP component describes the person’s
Module 5: Program Development

performance in specific areas where the person and support team plans to focus its attention, such as social behavior or domestic skills. Needs must be prioritized in the developmental evaluation report. Objectives must be based on a prioritized need. Needs may also be accommodations (such as assistive devices, adaptive equipment, and services) necessary for the person to function as independently as possible. Here’s an example of the strengths and prioritized needs for “Maria,” a 24-year-old adult with mental retardation:

Strengths and Prioritized Needs: Maria is friendly and enjoys helping others. She lives in a home with five other women. Maria’s strengths include self-care, mobility, and self-direction. Needs were identified from the developmental evaluation in areas of receptive/expressive language, learning, and capacity for independent living/economic self-sufficiency. In the area of receptive/expressive language, prioritized needs include (1) increasing expressive vocabulary, (2) using phrases (instead of one-word verbal responses) when asked questions, (3) improving articulation, and (4) following one-part verbal directions.

2. Personal goals. The IPP identifies personal goals, or general statements about what a person wants to achieve. Many human service programs identify annual goals, although the period of time can range from a few months to several years (a career or life goal). Goals should be based on the person’s preferences, choices, and interests. Developmental specialists can use the following questions, adapted from DiLeo (1994), to help a person identify their goals:

- What is your dream in life?
- What is your favorite kind of work? What kind of work would you like to do?
- Where would you like to live? What kind of living arrangement would you prefer?
- When are you most happy (or what makes you most happy)?
- What things in your past do you think about?
- What kinds of work experience have you had?
- What do you like to do in your free time? What would you like to do?
- Who are the people you would like to do things with? Who would you like to meet?
- What do you do best?
- Who are the important people in your life?
- What special things - like materials or equipment - do you need to be at your best?
- If you could do anything (or work anywhere), what (where) would it be?

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Module 5: Program Development

Maria’s goals include the following:

*Life Goal:* I want to have my own apartment, maybe sharing it with a roommate.

*Personal Goal:* I want to learn how to express myself so I can effectively communicate with others.

3. **Behavioral objectives:** A **behavioral objective** is more specific than a goal. It is a statement about the level of performance for a person to achieve. It is usually stated in such a way to be observable and measurable, because at a later time the person and the support team will need to know whether it has been successfully achieved. Objectives relate specifically to goals. They must be based on prioritized needs identified in the developmental evaluation. Several objectives may need to be sequenced to ultimately meet a career or life goal. Module 6 provides detailed information on writing objectives.

Two of Maria’s objectives include the following:

*I want to learn to increase my expressive vocabulary to 200 words or more on the Johnson and Smith Survival Word Test.*

*I want to respond to questions by independently using phrases of two or more words in response to eight out of 10 questions for 5 consecutive sessions.*

Developmental specialists should become familiar with a person’s goals and objectives because this information may guide their training and assessment activities. Specialists must write an implementation plan for each objective. All implementation plans must describe intervention techniques. See your organization or ask your instructor for more information.

*Intervention techniques* may include a variety of services, such as instruction, behavioral intervention, counseling, assistive technology (such as motorized wheelchairs), financial assistance or social services, specialized transportation, or changes in the environment to promote better adaptation or accessibility. Developmental specialists or the paraprofessionals they supervise are often identified in the IPP as the persons who will carry out intervention techniques. Specialists must:

- Make sure they understand how to properly carry out intervention techniques, or get training in how to do it.
• Observe someone else carrying out the intervention techniques, especially if training is required. Then, practice the intervention techniques until they can delegate responsibility for delivering the intervention techniques to a paraprofessional.

4. Starting, review, and target dates. The IPP identifies the starting date for the services and a review date. Also, a target date is identified to determine if objectives have been met.

5. Person(s) responsible. The IPP identifies the person(s) responsible for carrying out procedures and services related to each objective. In some cases, the specialist may be the person responsible.

6. Type, amount, and duration of therapy. Section 801.05 of IDAPA 16.04.11, Rules Governing Developmental Disability Agencies, describes the type, amount, and duration of therapy. This information must be specified in an IPP.

7. Individual transition plan. People often have difficulty making transitions from home to school, from school to work or from home to residential living. What problems did you have during transitions? The individual transition plan is designed to promote independence, personal goals, and interests. The purpose of the plan is to help the person move toward fewer paid services and greater "natural supports" available in community environments. It must specify the criteria for transition into alternative settings, vocational training, supported or independent employment, volunteer opportunities, community-based organizations and activities, or less restrictive environments. The transition plan may include vocational goals/objectives directed toward paid employment. See Section 801.05 of IDAPA 16.04.11, Rules Governing Developmental Disability Agencies, for more information.

Module 5 Discussion Activity: Examining Access to Services with or without a Targeted Service Coordinator

NOTE TO THE READER: Persons who qualify for the Home and Community-Based Services waiver must have services arranged by a Targeted Services Coordinator. These people receive services through an Individual Service Plan (ISP) instead of an IPP. People who are not on the waiver have the option of having services arranged by a Targeted Services Coordinator.
Invite a Targeted Services Coordinator or other professional to describe the differences between ISPs and IPPs, how a Targeted Services Coordinator may be identified, and various ways that therapies may be provided/billed.

Module 5 Group Exercise A: Examining IPPs

NOTE TO THE READER: Check a sample of IPPs used by your Developmental Disability Agency. Copy each IPP and delete identifying information to preserve confidentiality. Locate the Program Plan Checklist in Appendix D. To what extent do the IPPs include the components listed in the Program Plan Checklist? What other information do they include? If examining IPPs from more than one Developmental Disability Agency, how do they compare? How are they different?

Module 5 Group Exercise B: Considering “Age Appropriateness” in IPPs

NOTE TO THE READER: The concept of age appropriateness means that goals, objectives, and therapies identified in an IPP should be appropriate to a person’s chronological age. Age-appropriate activities allow the person to participate more actively in community environments without the stigma that is sometimes attached to developmental disabilities. For example, an adult interested in learning to ride a bicycle should not first be taught to ride a tricycle. However, sometimes because of skill levels or necessary accommodations, it is difficult to identify age-appropriate activities.

On a chalkboard, easel, or overhead transparency, divide the total space into two columns as shown on the next page. At the top of one column, write “Activities that are not age appropriate.” List activities that specialists have encountered that might be considered inappropriate for one’s age. At the top of the other column, write “Alternatives.” Brainstorm with other specialists what
alternatives might exist that are appropriate for one’s age and allow the person to participate more actively in community environments. Add to the existing list!

<table>
<thead>
<tr>
<th>Activities that are not age appropriate</th>
<th>Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coloring with crayons</td>
<td>Coloring with colored markers, colored chalk, or colored pencils. Use pencil adapters if necessary.</td>
</tr>
<tr>
<td>Assembling children’s puzzles of cartoon characters</td>
<td>Covering pictures of cartoon characters with pictures appropriate for adult puzzles, such as scenery, etc. Use spray adhesive then cut to fit the children’s puzzle pieces with a knife.</td>
</tr>
</tbody>
</table>

**Program Development for School-Age Children with Disabilities**

Programs are developed for school-age children in much the same way that they are for adults. That is, skills of children are first assessed to identify strengths and barriers, goal-directed plans are developed by support teams, team members deliver services and carry out training activities, and progress is measured on objectives. Some of the key differences between adult and child program development include the following:

1. **Evaluations for children are specifically geared to their age and/or skills.** Some test and checklist items are arranged in developmental sequence to assess strengths and needs of children.

2. **Children’s plans for services provided at school are called “Individual Education Plans,” or IEPs.** IEPs include the same components as IPPs, but are geared to childrens’ educational needs. Children who receive services from Developmental Disability Agencies have both IEPs and IPPs. Developmental Disability Agencies provide services described in IPPs beyond those special education services described in IEPs. Children’s services are not coordinated by a Targeted Service Coordinator, but instead, are arranged by Early Periodic Screening Diagnosis and Treatment (EPSDT) Coordinators.
3. Children participate less actively in developing their plans; parents/guardians participate far more actively. For reasons of informed consent and legal guardianship, parents/guardians play a key role in developing the IEP. Children are less involved than parents, although the trend is for children to become more active participants, especially in adolescence.

4. Children's services are largely school-based; adult services can be carried out in several different settings. Educational activities for children are usually carried out in schools, whereas adult services can be conducted in community, residential, or employment settings. When children receive services through both an IEP and an IPP, those services must be carefully coordinated (see IDAPA Rules Governing Developmental Disabilities Agencies).

Module 5 Progress Check

Respond to the items below, then find answers in Appendix A.

1. Specialists play vital roles in assisting people with disabilities in identifying and attaining career and life goals. Specialists can perform four roles, including:
   - 
   - 
   - 
   - 

2. Name the seven components of the IPP:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
3. Name one possible role of a developmental specialist in the IPP process:

4. List five questions that developmental specialists can ask to help people identify goals:

5. As the person responsible for delivering services described on an IPP, specialists must be aware of four actions, including:
   •
   •
   •
   •

References


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Overview
Module 6 describes methods for writing behavioral objectives. After reading this module, the specialist will:

- identify the components of behavioral objectives.
- discriminate between objectives written in observable, measurable terms and those written in vague, nonspecific language.
- write behavioral objectives using each component and including observable, measurable language.

Key Terms in Module 6

- **Behavioral objective.** A statement in measurable terms that identifies the person, the behavior to be displayed (or the task to be learned), the conditions under which the behavior is displayed, and the degree of mastery (i.e., criterion) to be achieved.

- **Conditions of performance:** The “what, when, and where” of the behavior to be performed.

- **Mastery criterion:** The degree of mastery to be achieved, or the level of the behavior to be performed.

What Are Behavioral Objectives?
After the person meets with the support team to develop a plan, team members arrange to implement training and related services. At this stage, the plan must be broken into specific behavioral objectives. These are statements in measurable terms that identify the person, the behavior or task to be performed, the conditions under which the behavior or task is performed, and the degree of mastery (criterion) to be achieved. Later, the behavioral objective is broken down further into a task analysis (see Module 7). Objectives ensure that instructional activities carried out by developmental specialists are clear cut, accountable, and goal-directed (Browder, 1991). Section 801.05 of the IDAPA Rules Governing Developmental Disabilities Agencies describes measurable, behaviorally stated objectives.
Module 6: Writing Behavioral Objectives

Writing specific behavioral objectives is important for at least two reasons. First, the objectives influence the type of data that specialists record to measure progress. The data that specialists record should correspond directly with the measures described in the behavioral objective. We will illustrate this relationship below. Second, the way that objectives are written influence the decisions that specialists and the person may make about progress (Browder, 1991). With clearly written objectives, specialists and persons receiving services can decide whether the person has successfully mastered the task, whether progress is being made, or whether different instructional procedures should be used to increase progress.

Specialists should be aware of two important factors when writing objectives. First, the objective must be stated in observable, measurable terms. Specific language that describes actions and outcomes is essential. Vague, nonspecific language must be avoided. Second, the objective must specify conditions and the degree of mastery to be achieved (Browder, 1991).

What Are the Components of Behavioral Objectives?

According to Mager (1962), behavioral objectives consist of three components:

- a statement of the conditions of performance (or the "what, when, and where" of the behavior to be performed),
- the specific behavior or task that will be observed and measured, and
- the mastery criterion, or level of the behavior or task to be performed.

Let's identify these components in the following behavioral objective.
Module 6: Writing Behavioral Objectives

Given a list of 20 two-digit addition problems with carrying, Elisha will correctly write the answers to at least 18 of 20 problems (90%) within two minutes for 3 consecutive sessions.

The **statement of conditions** (or the “what, when, and where” of the behavior or task to be performed) often starts a behavioral objective. In the example above, the statement of conditions is

*Given a list of 20 two-digit addition problems with carrying.*

This statement describes “what” behavior or task will be performed. Next, the **behavior or task must be specified.** In the example above, the behavior is

*Elisha will correctly write the answers.*

This behavior is observable and measurable. Next, the **mastery criterion, or level of performance, is specified.** In the example above, the mastery criterion is

*at least 18 of 20 problems (90%) within two minutes for 3 consecutive sessions.*

We may ask important questions about this objective. Is it observable? That is, can we watch Elisha’s performance? Yes, we can watch her solving the math problems. Is it measurable? That is, can we assess her performance? Yes, we can count the number of math problems correctly solved. Can we clearly determine when the objective has been successfully met? Again, yes, we can compare Elisha’s math performance to the mastery criterion (at least 18 of 20 problems correct, or 90%, within two minutes for three consecutive sessions) and tell whether she meets the criterion or not. If Elisha meets this objective, the specialist might start a new instructional program. If she fails to meet this criterion, the specialist and Elisha may continue math instruction, change instructional procedures, or even change the behavioral objective. Let’s consider another behavioral objective. Identify the statement of conditions, the specific behavior, and the mastery criterion.

*Given toothpaste on an electric toothbrush, Richard will continuously brush his teeth by touching the toothbrush to all vertical and horizontal teeth surfaces for a period of one minute, twice a day, for 20 consecutive days.*

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Module 6: Writing Behavioral Objectives

Statement of conditions: Given toothpaste on an electric toothbrush...
Specific behavior or task: Richard will continuously brush his teeth by touching the toothbrush to all vertical and horizontal teeth surfaces...
Mastery criterion: for a period of one minute, twice a day, for 20 consecutive days.

Is the above objective observable? Is it measurable? That is, can we assess Richard’s performance? Can we clearly determine when the objective has been successfully met? Generally, each of these questions can be answered “yes.”

Module 6 Workbook Exercise A: Identifying Components of Behavioral Objectives

NOTE TO THE READER: Review the list of behavioral objectives below. Identify the statement of conditions, the specific behavior or task, and the mastery criterion.

Given Jennifer’s checkbook and a list of 10 monthly bills to pay, Jennifer will independently write 10 checks, filling in the date, recipient, amount, written amount, signature, and information in the check ledger (check numbers, dates, recipients, and amounts) each with at least 90% accuracy for two consecutive months.

Statement of conditions: 
Specific behavior or task: 
Mastery criterion: 

With a picture of a can of vegetable soup, Jed will start at the front of the supermarket, locate the correct can of soup, and take it to the specialist standing in front of a check out lane for purchase within 8 minutes for three consecutive supermarket trips.

Statement of conditions: 
Specific behavior or task: 
Mastery criterion: 

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Module 6: Writing Behavioral Objectives

Writing behavioral objectives requires that a specialist clearly specify the conditions, the behavior or task, and the mastery criteria. However, all aspects of the behavior or task do not have to be listed in the behavioral objective. Many behaviors or tasks would be too complex to list. Specialists may simply name the behavior or task in the behavioral objective, or refer to the task analysis (see Module 7). Consider the following situation. Justin is learning to ride the city bus. A specialist will assist Justin until he is ready to independently ride the bus. Eventually, Justin will need to board the correct bus, pay the correct number of tokens to the driver, sit down in a bus seat, pull the cord one block before his destination, stand, and safely exit the bus. These steps of the task can be folded into the objective this way:

Justin will independently perform 100% of steps for riding the Maple Street bus (see task analysis for specific steps) for 5 consecutive bus rides.

How Do I Write Objectives Using Specific Language?

Behavioral objectives are written with descriptive language and action verbs. Words that merely imply action should be avoided. Words that may be misinterpreted should not be used. Refer back to the examples in Module 4. Also, consider the following examples:

<table>
<thead>
<tr>
<th>Action is only implied</th>
<th>Action is described</th>
</tr>
</thead>
<tbody>
<tr>
<td>understands ............ verbally identifies</td>
<td></td>
</tr>
<tr>
<td>thinks .................... points to the correct answers</td>
<td></td>
</tr>
<tr>
<td>communicates ............. uses manual signs</td>
<td></td>
</tr>
<tr>
<td>comprehends .............. repeats the verbal instruction back to the instructor</td>
<td></td>
</tr>
<tr>
<td>consumes ................. chews and swallows</td>
<td></td>
</tr>
<tr>
<td>recognizes ................ points to the picture</td>
<td></td>
</tr>
<tr>
<td>sees .................... faces the person</td>
<td></td>
</tr>
</tbody>
</table>

Statements of conditions that use action language [examples]
- After stepping into the vehicle and sitting in the passenger’s seat . . .
- Given a butter knife, spoon, and fork . . .
- After pressing the crosswalk button . . .
- Given a manually operated wheelchair . . .
- While grasping a plate in the right hand . . .

Statements of conditions that may be misinterpreted [examples]
- After learning how to . . .
- Given that the person knows how to . . .
- After moving to the crosswalk . . .
- Using the person’s ability to figure things out . . .
- During a conversation with his friends . . .
Module 6 Workbook Exercise B: Writing Behavioral Objectives

Let's practice writing behavioral objectives. Select three behaviors/tasks from the list below that are most relevant to your instruction. In the space provided, write a behavioral objective for each. Ensure that each objective includes a statement of conditions, the specific behavior/task, and a mastery criterion. Discuss the three written behavioral objectives with your instructor.

Dressing in a pullover shirt: _______________________

Telling time (using a traditional clock) to the minute: _______________

Identifying a penny, nickel, dime, and quarter: ________________

Washing hands before dinner: _______________________

Opening a file using a word processor program: ________________

Checking out a book from a library: _______________________

For each of the three behaviors/tasks that you selected, answer these questions:
Is the objective observable? Is it measurable? That is, can we assess the person's performance? Can we clearly determine when the objective has been successfully met?

How Do I Set Mastery Criteria for Objectives?
Mastery criteria for behavioral objectives usually include (a) a number that describes the level that a person must perform a behavior/task, and (b) a time period during which the person must remain at a given level of performance. For example, consider the mastery criterion in the following objective:

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Janeen will correctly complete at least 90% of the steps in the dressing program (see task analysis) for five consecutive days.

The mastery criterion includes both a number that describes the level that Janeen must perform (at least 90% of the steps) and a time period during which Janeen must remain at that level (five consecutive days). When writing mastery criteria, consider both the level that the person should perform the behavior/task and how long the performance should be sustained.

Different behaviors/tasks may require different levels of performance. For example, Janeen’s dressing program called for a 90% performance level. If she were learning to follow a specialist’s instructions, we might change the level to 80% or less. However, if Janeen were learning to cross a street, we would accept nothing less than a 100% performance level. Performance levels may also vary based on the person’s characteristics or the environment.

See Appendix E for a sample of written behavioral objectives.

Module 6 Progress Check

Respond to the items below, then check your answers with those in Appendix A.

1. Identify the statement of conditions, behavior/task, and mastery criterion in the following behavioral objective:

Given signs of 10 streets in the neighborhood, Debbie will verbally name each sign correctly (100%) for three consecutive training sessions.

Statement of conditions: ____________________________________________________________

Specific behavior or task: __________________________________________________________

Mastery criterion: ________________________________________________________________
Module 6: Writing Behavioral Objectives 72

2. Read the following statements. In the blank, label with "OK" the behavioral objectives that are written in observable and measurable language. Rewrite the behavioral objectives that are written in vague, potentially misinterpretable language using the space provided.

___ David will choose activities himself.

___ Given the clean clothes in her closet, Maria will select clothes whose colors match 90% of mornings for 10 consecutive mornings.

___ The specialist will write really good objectives all of the time.

3. Write specific behavioral objectives for the following:
   Placing an audio cassette tape into a tape player of a car: ________________________________
   Pouring cereal and milk into a bowl: ________________________________

4. Identify the problem(s) in the following behavioral objective. Rewrite the objective to correct the problem(s):
   Justin will independently perform 60% of steps for riding the Maple Street bus (see task analysis for specific steps) for one ride.

References


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Module 7: Task Analysis

Overview
Module 7 describes task analysis procedures. After reading this module, the specialist will:

- state and define the purpose of a task analysis,
- demonstrate the use of task analysis, and
- summarize basic steps in conducting a task analysis.

Key Terms in Module 7
- Task analysis: The process of identifying a sequence of specific components of a task.
- Natural cues: Events in the environment that prompt the person receiving services (whom we will now refer to as the learner) to start a task or move onto the next step.
- Functional steps: A description of what a learner must do in sequence to complete a task.

What Is Task Analysis?
Task analysis refers to the process of identifying a sequence of specific components or actions of a task (Morgan et al., 1996). General tasks are broken down into smaller components. Its purpose is to detail the steps a learner performs in sequence to complete a task. A task analysis is particularly helpful for tasks that must be taught — it details the steps that will guide the training process, as illustrated below:

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Components of a Task Analysis
There are five components of a task analysis: Natural cues, functional steps of the task, speed requirements, quality requirements, and potential problem areas. To illustrate these components, let’s meet two learners: Brenda and Emilio. Brenda lives with her family and is learning to heat food in a microwave oven. Emilio lives at home and is a learning to use a dishwasher.

**Identifying natural cues.** Natural cues are events in the environment that prompt the learner to start a task or move onto the next step. A task analysis should include these cues so that individuals learn to respond independently. There are five types of natural cues (Morgan et al., 1996):

- **Time cues:** Specific times of the day may serve as prompts. *For example, at 7:30 am, Brenda gathers three muffins to heat for breakfast.*
- **Step completion cues:** New steps can be prompted by the completion of previous steps. *For example, Brenda opens the door to the microwave after gathering three muffins.*
- **Quality cues:** Often, steps must be completed at a predetermined level of quality. *For example, after the microwave heating is complete, Brenda checks the muffins to make sure they are warm.*
- **Verbal cues:** In some cases, steps can be prompted by a person’s request. *For example, Brenda may heat a muffin when her specialist requests it.*
- **Quantity cues:** The next step can be prompted when a learner completes a certain number of items or products. *For example, Brenda moves to the next step when THREE muffins are heated.*

**Identifying functional steps.** Functional steps describe what a learner must do in sequence to complete the task. Emilio’s functional steps for operating the dishwasher are:
1. Take dishes, saucers, cups, silverware, and other utensils to the sink,
2. Rinse food particles off the dishware and silverware,
3. Load dishware and silverware onto racks,
4. Push racks into the dishwasher,
5. Add soap to the soap dispenser.
6. Turn the dishwasher ON, and
7. Unload the dishware and silverware.
This sequence describes what a learner must do to wash dishes. If any of the steps are difficult for a person to learn, the specialist might break them down even further for training purposes. For example, let’s say Emilio needs extra training on step #6 (Turn the dishwasher ON). This step might be broken into:

6a. Close the dishwasher door.
6b. Push the locking lever to the right.
6c. Adjust dial to the appropriate setting.
6d. Push the “start” button.

**Identifying speed requirements.** A complete task analysis should specify the speed at which a task is performed. Speed requirements are especially important for learners who can perform the task but take too much time. Specialists should note the speed requirements either for the entire task, for specific steps (especially if a step takes several minutes), or both. *For example, Emilio must perform each of steps 1-3 of the dishwashing task analysis in no more than 3 minutes, steps 4-6 in no more than 1 minute, and step 7 in no more than 2 minutes.*

**Identifying quality standards.** Most tasks involve a quality standard for completion. For example, Emilio must judge when a dish is rinsed “well enough” before he can load it. Quality standards are sometimes difficult to identify, or may involve differences of opinion. If either is the case, specialists may want to provide different examples of quality and ask others, like family members or roommates, “What is the minimum level of quality required for this task (or step)?”

**Identifying potential areas of difficulty.** Particular steps may be difficult for some people to learn. In these cases, specialists may need to do one or more of the following:

- change the cue for a step (at least temporarily),
- break steps down into smaller components,
- provide more frequent training or practice opportunities, or
- develop specialized instruction.

For example, Emilio may have problems pushing the locking lever on the dishwasher. He may temporarily need more frequent training, such as five extra practice trials on this step.
How To Analyze a Task

Powell et al. (1991) recommend the following guidelines for conducting a task analysis:

- **Observe the task being performed.** Watch an individual who is skilled in performing the task. During the observation, gather information discussed previously (functional steps, speed requirements, etc.). Ask questions about speed, quality, and other factors.

- **Do the task yourself until you complete it successfully.** We cannot expect learners to do a task successfully unless we can do it ourselves! Also, by having a firsthand understanding of the steps, our instructional strategies will be more effective.

- **Review the completed task analysis with someone else.** Share your task analysis with your own supervisor, another specialist, or other person. They may provide useful feedback to improve the efficiency of your task analysis.

A variety of task analysis forms are available (e.g., Morgan et al., 1996). Your Developmental Disability Agency may use its own form. Appendix F presents a sample Task Analysis Form. An excerpt of a completed form appears below. *Let's meet Brett and Anne:*

_Brett, the learner, and Anne, his developmental specialist, work together in the community. On some of their trips to community sites, they stop at Big Towne Cafeteria. Brett expressed an interest in learning to select food from the cafeteria and to pay the cashier for his meal. Ann conducted a baseline assessment and added a note to Brett's most recent developmental evaluation report. The baseline showed that Brett correctly completed only two of 16 steps of the task (12.5%). Then, Ann wrote an objective to be added to Brett's current IPP. The objective stated, “Starting at the beginning of a cafeteria line, Brett will correctly and independently complete all steps in sequence (such as gathering a tray, napkin, and utensils; selecting entrees, paying the cashier, etc.) for 5 consecutive cafeteria trips.” Brett and his support team agreed to add the objective to his IPP. Ann’s task analysis appears on the next page._
Task Analysis Form

<table>
<thead>
<tr>
<th>Cues</th>
<th>Functional task components (Steps)</th>
<th>Speed Requirement</th>
<th>Quality Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The tray bin at the entry of the cafe</td>
<td>1. Obtain a tray from the tray bin.</td>
<td>1. 10 sec.</td>
<td>1. Avoid dropping tray</td>
</tr>
<tr>
<td>2. Tray slider.</td>
<td>2. Place the tray on the tray slider.</td>
<td>2. 10 sec.</td>
<td>2. (same as #1)</td>
</tr>
<tr>
<td>3. Napkin holder; knife, fork, and spoon bins.</td>
<td>3. Place napkin, knife, fork, and spoon on the tray.</td>
<td>3. 10 sec.</td>
<td>3. Avoid dropping materials.</td>
</tr>
<tr>
<td>4. Salad/jello selection area.</td>
<td>4. Slide the tray and move to the salad/jello selection area.</td>
<td>4. 10 sec.</td>
<td>4. Keep tray on slider.</td>
</tr>
<tr>
<td>5. Salads and jello.</td>
<td>5. Select one salad or jello dish by picking up the selection and placing it on the tray.</td>
<td>5. 10 sec.</td>
<td>5. Lift and place selection carefully.</td>
</tr>
<tr>
<td>6. Main course selection area.</td>
<td>6. Slide the tray and move to the main course selection area.</td>
<td>6. 10 sec.</td>
<td>6. Keep tray on slider.</td>
</tr>
<tr>
<td>7. Main course selections.</td>
<td>7. Select one main course entree by picking up the selection and placing it on the tray.</td>
<td>7. 10 sec.</td>
<td>7. Lift and place selection carefully.</td>
</tr>
</tbody>
</table>

Potential problem areas: Prompt Brett to move selections slowly to his tray while keeping plates LEVEL.

How to address problems: Before going to the cafe, let Brett practice holding a tray containing several plates LEVEL.

Task Analysis Form

<table>
<thead>
<tr>
<th>Cues</th>
<th>Functional task components (Steps)</th>
<th>Speed Requirement</th>
<th>Quality Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Dessert area.</td>
<td>10. Slide the tray and move to the dessert selection area.</td>
<td>10. 10 sec.</td>
<td>10. Keep tray on slider.</td>
</tr>
<tr>
<td>11. Desserts.</td>
<td>11. Select one dessert entree by picking up the selection and placing it on the tray.</td>
<td>11. 10 sec.</td>
<td>11. Lift/ place selection carefully.</td>
</tr>
<tr>
<td>13. Cashier indicates cost of selections.</td>
<td>13. Remove a $10 bill from the wallet and hand it to the cashier.</td>
<td>13. 5 sec.</td>
<td>13. Be courteous to cashier.</td>
</tr>
<tr>
<td>15. Brett puts change in his pocket.</td>
<td>15. Say &quot;thank you&quot; to the cashier.</td>
<td>15. 5 sec.</td>
<td>15. (Same as #13)</td>
</tr>
</tbody>
</table>

Potential problem areas: Hold tray level while picking it up from tray slider and walking to eating area.

How to address problems: Before going to the cafe, let Brett practice holding a tray containing several plates LEVEL.

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Module 7 Workbook Exercise: Analyze One of Four Tasks

NOTE TO THE READER: Using the Task Analysis Form in Appendix F or a form used by your Developmental Disability Agency, analyze one of the following tasks. Follow the steps described in this module in conducting a task analysis and submit the completed form to your instructor. Write your analysis based on your familiarity with one of these tasks:

- **Vacuuming.** Mark is responsible for vacuuming his bedroom. The vacuum is in a nearby closet in the hallway. Mark’s bedroom includes a bed, a chair, a dresser, and a closet.
- **Dialing 911.** Celia lives in an apartment. One of her basic responsibilities is to know the procedures for calling 911 and reporting an emergency.
- **Emptying the trash.** Glen has volunteered for a chore at his group home. Every evening after dinner, he needs to take the trash sack from the container below the kitchen sink, cinch the sack, walk to the dumpster next to the garage, deposit the sack, and return.
- **Asking for assistance in a supermarket.** Social skills, like other skills, can be analyzed. Amanda participates in community activities, including supermarket shopping. When she cannot locate specific products, such as kitchen matches, she needs to ask for assistance from a supermarket employee.
- **Dressing in/buttoning a shirt.** Children and some adults with disabilities must learn basic dressing skills. Amy is a learner who needs to lay out a button-down shirt, put both arms through the sleeves, and button it up.

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Module 7 Progress Check

Respond to the items below, then check your answers with those in Appendix A.

1. What is the purpose of a task analysis? _______________________________________________________

2. How is a task analysis helpful? ______________________________________________________________

3. Name five components of a task analysis.
   • __________________________________________________________________________
   • __________________________________________________________________________
   • __________________________________________________________________________
   • __________________________________________________________________________
   • __________________________________________________________________________

4. At 8:30 am., Chris goes to the street corner to catch the bus. He is responding to what type of
   natural cue? (a) Step completion cue. (b) Time cue. (c) Verbal cue. (d) Quality cue.

5. A series of statements describing what a learner must do in sequence to complete a task are
called ____________________ ____________________.

6. The text recommends three guidelines for conducting a task analysis. One is “observe the task
   being performed.” Name one of the remaining two guidelines:
   • __________________________________________________________________________
   • __________________________________________________________________________
Module 7 Application Exercise: Conducting a Task Analysis

NOTE TO THE READER: Using the form in Appendix F or one like it, analyze a task. If your organization uses a task analysis form, use that form. This task should be one that a person with whom you work is learning or is about to start learning. Follow the steps described in this module in conducting a task analysis and submit your completed task analysis form to your instructor. Later application exercises may build on your completed task analysis in this exercise.

References

Module 8: Data Collection Strategies

Overview
Module 8 describes five different recording procedures for collecting data on a learner’s performance. After reading this module, the specialist will:

• record and graph data using the five recording procedures described in this module,
• convert event counting (frequency) to rate data, and
• identify when to use each of the five data recording procedures.

Key Terms in Module 8

• **Frequency recording**: A record of the number of times a specific event occurs.
• **Rate**: The number of events counted per minute or per hour.
• **Quality ratings**: A rating of a learner’s quality of performance on a task or step of a task.

What Are Data Recording Procedures?
After conducting a task analysis, specialists or the paraprofessionals they supervise (i.e., the instructors) often collect data on steps of the task (Powell et al., 1991), as shown in the figure below. This is how specialists can determine which parts of the task are performed correctly, which parts are performed incorrectly, and how much progress is made over time. Sometimes, specialists find that performance on certain steps must be improved. The specialist and the learner can make decisions about what instructional procedures to use, how effective instruction is, and whether changes need to be made in instruction.
Module 8: Data Collection Strategies

Using the task analysis, specialists record data using one of five recording procedures. In this module, we will discuss the following data recording procedures:

1. Percent correct
2. Timing tasks
3. Counting events
4. Quality ratings
5. Level of assistance ratings

As we described in Module 3, specialists sometimes graph data for a visual representation of a learner’s performance. We provide some opportunities to graph data below. See a collection of graphs in Appendix G as options you may use for graphing data. Your Developmental Disability Agency may suggest alternative forms. If so, use your agency’s forms instead.

1. Percent correct. Using this procedure, a specialist first records whether a learner performs steps in the task analysis correctly (+) or incorrectly (-). Then, the learner’s performance is expressed as the number of steps performed correctly divided by the number of total steps, times 100. That is:

\[
\text{Number of steps performed correctly} / \text{Total steps} \times 100 = \% \text{ of steps performed correctly}
\]

For example, Anne (the specialist working with Brett in the example above) filled out the task analysis form for Brett’s cafeteria task. She arranged for him to accompany her through a cafeteria line and observed his performance during a baseline phase. Here’s what Anne found:

<table>
<thead>
<tr>
<th>Functional steps</th>
<th>Brett’s response: correct (+) or incorrect (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select a tray and place it on the slide.</td>
<td>-</td>
</tr>
<tr>
<td>2. Place a napkin on the tray.</td>
<td>-</td>
</tr>
<tr>
<td>3. Place a knife, fork, and spoon on the tray.</td>
<td>-</td>
</tr>
<tr>
<td>4. Slide the tray to the food selection area.</td>
<td>-</td>
</tr>
<tr>
<td>5. Select a salad or fruit entree and place it on the tray.</td>
<td>-</td>
</tr>
<tr>
<td>6. Select a main course entree and place it on the tray.</td>
<td>+</td>
</tr>
<tr>
<td>7. Select a potato or rice entree and place it on the tray.</td>
<td>-</td>
</tr>
<tr>
<td>8. Select a drink and place it on the tray.</td>
<td>+</td>
</tr>
<tr>
<td>9. Hand the cashier a $10 bill.</td>
<td>-</td>
</tr>
<tr>
<td>10. Accept the change and receipt from the cashier.</td>
<td>-</td>
</tr>
<tr>
<td>11. Say “thank you to the cashier” and move away.</td>
<td>-</td>
</tr>
</tbody>
</table>

Brett performed two steps correctly (steps 6 and 8). There were a total of 11 steps. His percentage of total steps performed correctly is shown below:
Module 8: Data Collection Strategies

2 steps correct/11 total steps = .18 x 100 = 18% correct

Anne noted that Brett failed to place the tray on the slide, and neglected the napkin and utensils. She worked on the initial steps, then taught Brett to select a balanced meal. On the fourth instructional session at the Big Town Cafeteria, Brett correctly and independently performed six of the 11 steps. What was Brett’s percent correct at this time? 6/11 = .54 x 100 = 54%

2. **Timing tasks.** Using this procedure, a specialist records the time it takes for a learner to perform a task or several tasks in sequence. The specialist compares a learner’s speed to the "speed requirement" in the task analysis. The specialist may score the learner’s performance on the task “+” if she performed within the time limit, or “-” if she exceeded the time limit. For example, a specialist may check the clock time to check how long it takes a group home resident to get dressed in the morning before catching a bus to work.

Module 8 Progress Check A

Respond to the items below, then check your answers with those in Appendix A.

1. Calculate the percent correct in the following three examples and plot the percentages on the graph below. Connect the lines between data points.

   Mon: 3 out of 14 steps performed correctly = ___% correct.
   Tues: 10 out of 14 steps performed correctly = ___% correct.
   Wed: 6 out of 14 steps performed correctly = ___% correct.
2. Calculate the percent correct on a sequence of trials as shown below:

```
+ + + + - - + + - + - + - + + + - - + +
```

\[ \frac{+ + + +}{+ + + +} = \frac{6}{14} = \text{___% correct.} \]

3. If a specialist is timing how long it takes a learner to do a task, she may also want to consider collecting data on the _______ of the learner’s performance.

_________________ End of Progress Check A, Module 8 Continues_________________

3. **Counting events.** Counting events, or **frequency recording**, is a record of the number of times a specific event occurs. This recording procedure is sometimes used to count a learner’s
production. It is also useful for counting behavior that may need to be changed, such as verbal threats or loud disruptive statements. To count an event, it must be specific, easily observable, and have a definite beginning and end (Salzberg, Morgan, Gassman, Pickett, & Merrill, 1993). For example, a specialist may count how many times Heather complains about her roommate.

Specialists can compare counts of events in one session with counts in another session only if the sessions are of the same length. Suppose the specialist counts eight times when Heather complained about her roommate in an hour on Monday. The specialist then counts two complaints on Tuesday, but this count was interrupted after 30 minutes. The counts (8 and 2) are not directly comparable because the time periods were different.

**Converting event data to rate.** When time periods are different lengths, event data must be converted to rate, which allows specialists to compare observations of different lengths of time. **Rate** is usually expressed as the number of counts per minute or per hour.

To determine **rate per minute**, the total count is divided by the total minutes in the session. For example, 8 complaints in 60 minutes = 8 divided by 60 = 0.13 per minute, and 2 complaints in 30 minutes = 2/30 = 0.06 per minute.

**Module 8 Progress Check B**

Respond to the items below, then check your answers with those in Appendix A.

1. In the example above, which day involved more complaining: Monday, when eight complaints were recorded in an hour, or Tuesday, when two complaints were recorded in 30 minutes? Heather complained more in the observation on ______ (which day?)

2. Julio’s chore was to fill lawn bags with cut grass at home every Saturday. As a specialist, you count his production for five sessions of varying lengths of time as shown below:
Module 8: Data Collection Strategies

<table>
<thead>
<tr>
<th>Session No.</th>
<th>Count (Bags Filled)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>10 min.</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>10 min.</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>5 min.</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>10 min.</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

- Compute the rate of bags filled per minute in each of five sessions:
  
  Session 1 = ________  
  Session 4 = ________  
  Session 2 = ________  
  Session 5 = ________  
  Session 3 = ________

- Plot this data on the graph below.

- In which Saturday session was Julio most productive? ________

_________________________End of Progress Check B, Module 8 Continues_________________________
4. **Quality ratings.** Using this procedure, a specialist rates a learner’s quality of performance on a product, task, or step of a task. The specialist should refer to the “quality standard” of the task analysis. Typically, a rating scale is used to assess quality, such as:

- 5 = matches or exceeds a standard (100% or higher)
- 4 = near standard (80-99% of standard)
- 3 = marginal quality (60-79% of standard)
- 2 = low quality (40-59% of standard)
- 1 = poor quality (zero to 39% of standard)

For example, a specialist may assess vacuuming according to quality standards defined in a task analysis. Other tasks that might require quality ratings could include room cleaning, washing dishes, cleaning windows, or other tasks for which quality is generally agreed upon as quite important.

5. **Level of assistance ratings.** Sometimes, when specialists must teach complex skills that involve motor movements or manipulation of objects, physical guidance is necessary. At other times, showing (a model or demonstration) or telling (a verbal prompt) may be used. In these situations, specialists may want to collect data by rating the “level of assistance” required. That is, specialists determine the average level or type of help that a learner needs to complete a step or task. Typically, a rating scale is used, such as:

- 5 = no assistance needed
- 4 = telling (verbal) prompt
- 3 = showing (model) prompt
- 2 = brief tap or touch
- 1 = physical guidance needed

Once the instructional phase starts, the goal should be to systematically reduce the level of assistance until the skill is performed independently, which in this case is shown by a rating of “5.” For example, a specialist may record the level of assistance needed as an individual learns to drink from a cup. We will examine how to use physical assistance in Module 9.
1. Wendy recorded data on George’s cleaning activities at his apartment. She rated three cleaning activities for three days. The record of George’s performance appears below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>10-8-96</th>
<th>10-9-96</th>
<th>10-10-96</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning counters</td>
<td>(low quality)</td>
<td>(marginal)</td>
<td>(marginal)</td>
</tr>
<tr>
<td>Cleaning table tops and chairs</td>
<td>(marginal)</td>
<td>(low)</td>
<td>(low)</td>
</tr>
<tr>
<td>Mopping floor</td>
<td>(near standard)</td>
<td>(matches std)</td>
<td>(matches std)</td>
</tr>
</tbody>
</table>
RECORDING FORM: QUALITY RATINGS

LEARNER: ___________________________ NAME OF PROGRAM: ___________________________

<table>
<thead>
<tr>
<th>Scoring code for learner's performance:</th>
<th>3 ➤ Marginal quality (60-79%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 ➤ Matches or exceeds standard (100% or more)</td>
<td>2 ➤ Low quality (40-59%)</td>
</tr>
<tr>
<td>4 ➤ Near standard (80-99%)</td>
<td>1 ➤ Poor quality (0-39%)</td>
</tr>
</tbody>
</table>

DATE: ________________________________

Task/Step:

| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |

Training Location:

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

Task/Step:

| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |

Training Location:

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

Task/Step:

| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |

Training Location:

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
2. Justin is learning to eat with a fork. A specialist recorded data on the steps of the fork utensil task analysis for three days. Here is her record of Justin’s performance on the first three steps:

Step 1 - Pick up the fork.
Step 2 - Rotate the fork and stab food.
Step 3 - Take the fork and food to the mouth.

<table>
<thead>
<tr>
<th>DATE</th>
<th>9-8-97</th>
<th>9-9-97</th>
<th>9-10-97</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(showing needed)</td>
<td>(telling prompt)</td>
<td>(telling prompt)</td>
</tr>
<tr>
<td></td>
<td>(no assistance)</td>
<td>(telling prompt)</td>
<td>(telling prompt)</td>
</tr>
<tr>
<td></td>
<td>(brief tap needed)</td>
<td>(physical guide)</td>
<td>(physical guide)</td>
</tr>
</tbody>
</table>

Graph this specialist’s data on the recording form below:

**RECORDING FORM: LEVEL OF ASSISTANCE**

<table>
<thead>
<tr>
<th>LEARNER:</th>
<th>NAME OF PROGRAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scoring code for learner's performance:</th>
<th>NAME OF PROGRAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Showing (model) prompt</td>
</tr>
<tr>
<td>4</td>
<td>Brief tap or touch prompt</td>
</tr>
<tr>
<td>3</td>
<td>Physical guidance needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE:</th>
<th>9-8-97</th>
<th>9-9-97</th>
<th>9-10-97</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(showing needed)</td>
<td>(telling prompt)</td>
<td>(telling prompt)</td>
</tr>
<tr>
<td></td>
<td>(no assistance)</td>
<td>(telling prompt)</td>
<td>(telling prompt)</td>
</tr>
<tr>
<td></td>
<td>(brief tap needed)</td>
<td>(physical guide)</td>
<td>(physical guide)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task/Step:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 5 5 5 5 5 5 5 5 5 5 5 5</td>
</tr>
<tr>
<td>4 4 4 4 4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>3 3 3 3 3 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>2 2 2 2 2 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>1 1 1 1 1 1 1 1 1 1 1 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1 1 1 1 1 1 1 1 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task/Step:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 5 5 5 5 5 5 5 5 5 5 5 5</td>
</tr>
<tr>
<td>4 4 4 4 4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>3 3 3 3 3 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>2 2 2 2 2 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>1 1 1 1 1 1 1 1 1 1 1 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1 1 1 1 1 1 1 1 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task/Step:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 5 5 5 5 5 5 5 5 5 5 5 5</td>
</tr>
<tr>
<td>4 4 4 4 4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>3 3 3 3 3 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>2 2 2 2 2 2 2 2 2 2 2 2</td>
</tr>
<tr>
<td>1 1 1 1 1 1 1 1 1 1 1 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1 1 1 1 1 1 1 1 1</td>
</tr>
</tbody>
</table>

End of Progress Check C, Module 8 Continues
Module 8: Data Collection Strategies

Recording Performance Using Probes

As we described previously, specialists often collect baseline data before starting instruction. The baseline phase shows the level of a skill or behavior before specialists try to change it. After the baseline phase, specialists start training in the instructional phase. During the instructional phase, specialists use procedures to increase the learner’s skill level and to decrease their own assistance. They may continue to record data on performance during the instructional phase.

One common procedure for evaluating performance is to conduct a probe, which is an assessment on selected occasions when no extra assistance, prompts, cues, or positive reinforcement is provided by the specialist (Kazdin, 1982). A probe is usually conducted at the beginning of a training session, and measures how well the learner performs a task or steps of a task with no help. As you can see, a probe is the “acid test” of the effectiveness of instruction. Any of the five data recording procedures that we have discussed in this module can be used in a probe assessment. However, when conducting a probe using the level of assistance procedure, specialists must not assist any more than necessary.

A specialist can record data during a probe assessment, then compare it directly to the baseline data to find out how much progress has been made.

For example, let’s say that Tonya was learning to use the vacuum cleaner at her apartment. After a brief baseline phase her specialist, Amy, started instruction. However, she started each instructional session with a probe assessment. That is, she asked Tonya to “try to vacuum as best you can. Try to use it like I showed you. Later I’ll help you, but for now, do it on your own.” Amy graphed the probe data using the percent correct procedure. That is, she graphed the percent of steps that Tonya performed correctly without help. Here’s how Tonya performed:

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How Do I Select the Best Recording Procedure for a Task?

Some specialists find it difficult to select the recording procedure that matches the task. The problem is compounded because some tasks can be recorded using different procedures. Here are four decision rules that may help in deciding which procedure to use:
Module 8: Data Collection Strategies

1. If the learner has an IPP/ISP, check the objective or the skill area: Does it specify percent correct, speed (timing), production (event counting), rate, quality, or level of assistance? If so, match the recording procedure to the objective. If Antonio’s objective states “I want to learn to operate the TV remote control. I’ll do it by correctly completing each of four steps in three consecutive probe sessions,” then the specialist knows that she must find out what percent of steps were performed correctly. On the other hand, let’s say a specialist is assisting Elizabeth to learn bus riding; and the objective states, “Elizabeth will ride the bus independently to and from work for 20 consecutive days.” In this case, the specialist must track the level of assistance (i.e., telling, showing, etc.).

2. Check the task analysis: Which procedure best matches the cues, steps, speed requirements, and quality standards? Many times, reviewing the task analysis reveals the best recording procedure. Specialists should ask themselves, “How will I tell when the learner performs this step (or task) correctly?” If a person is learning how to pull his pants on, the specialist will know the learner performs it correctly when no assistance is needed. Therefore, the specialist decides to record performance using “level of assistance.” Sometimes, different steps require different recording procedures. For example, if the learner has learned to pull on pants but takes 10 minutes, the learner must dress more rapidly. For this step, the specialist records performance by timing the task.

3. Find out if there is an agreed-upon standard. The standard should indicate how much, how many, how fast, or at what quality a task must be performed. Match the recording procedure to the way the agreed-upon standard is measured. For example, most of us would agree that a telephone should be answered within about 10 seconds after it starts ringing. Measure telephone-answering by how fast the task is performed (i.e., time the task).

4. Watch the learner do the task: Which procedure matches what the person must learn?
   - If the learner can perform the task but is not fast enough, record the learner’s speed.
   - If the learner performs the task fast enough but does it sloppily, record quality.
   - If the learner must first learn the steps in sequence, record either percent correct or the level of assistance needed.
Module 8: Data Collection Strategies

Here are the five recording procedures described in this module and some common skills and tasks that each one can address:

Use **percent correct** when a learner:
- is learning steps of a task analysis (unless assistance may be temporarily required, then use "level of assistance").
- must perform a series of steps in sequence (chaining).
- is learning to follow someone's instructions (total instructions followed, divided by total instructions given, times 100).

Use **timing** when a learner must perform a task **faster**.

Use **event counting** when a learner is trying to increase **productivity**, but when rate is not an issue.

Use **rate** when a learner must increase production **rate** (i.e., higher production in the same period of time).

Use **quality ratings** when:
- a learner can perform a step or task but must improve quality.
- a learner has problems attending to detail or quality control standards.

Use **level of assistance** when
- a learner is learning a complex task, such as a series of motor movements.
- a learner can perform the task, but must learn to be less dependent on others for help.

**What About Writing Notes of My Observations?**
Specialists gather important information by making notes about a learner's performance or behavior. Notes are useful for summarizing observations and data. They may convey information about learners' progress, how they approach a task, comments they make during instruction, adaptations that need to be made in the instructional program, etc. Two guidelines are critical:

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1. All notes must be dated and signed.
2. Notes must be objective and should avoid judgment, because notes may be read by (or to) the learner, parent/guardian, service coordinator, or others. Describe what you see and hear. Don’t judge it!

To illustrate the second guideline, decide which of the two statements below is objective and avoids judgment:

- *Raphael and I went to the supermarket today to work on locating groceries and to purchase items. He performed at 10% correct on the location program and at 0% on the purchasing program. Raphael seemed preoccupied with initiating conversation with customers each time I prompted him to start a program.*

- *Raphael and I went to the supermarket today to work on locating groceries and to purchase items. He performed poorly on both programs, because he was constantly chattering with customers and flirting with girls in the store.*

The first statement above is objective and avoids judgment.
Module 8 Progress Check D

Respond to the items below, then check your answers with those in Appendix A.

1. Nicole lives with her family. She wants to learn to make her bed each morning. She sleeps in a room by herself. Her specialist developed a task analysis with 12 steps. Which of the five recording procedures would you recommend to assess Nicole’s performance? (There may be more than one procedure that could be used.)

2. Decide which of the data recording procedures (percent correct, timing tasks, counting events, quality ratings, level of assistance) you would select for assessing the following situations. (There may be more than one procedure that could be used for some of the situations.)

   • Situation 1: Rita is learning to use a blender in the kitchen of her home. She has learned how to place food and juices in the blender and pour out the contents. However, she is still learning to press enlarged buttons adapted for the blender. Her challenge is coordinating her fine-motor skills due to a cerebral palsy condition. Procedure: ________________________________
     Why? ______________________________

   • Situation 2: Alicia is learning to use a word processor on her computer. She needs to perform a sequence of steps, i.e., open a file, set the margins, type a letter to a friend, save the file, place the file in a labelled folder, print it, and close the file. Procedure: ________________________________
     Why? ________________________________

   • Situation 3: Juanita is learning to independently perform several tasks necessary in order to be ready for her ride to work each morning. She can get dressed, make her bed, and perform the other tasks in her morning routine, but she performs them very slowly and haphazardly. She
needs to be ready when her co-workers come by to pick her up. Procedure: ____________
Why? __________________________________________________________________________

• Situation 4: Josh is moving into his own apartment. He wants to learn to use a dry chemical
fire extinguisher in case of an apartment fire. His specialist developed a 5-step task analysis
(lift the handle, hold the extinguisher upright, stand 8-10 ft. from the fire, press the lever above
the handle, and spray at the base of the fire). He is learning to perform the steps in the right
sequence. Procedure: __________________________________________________________________
Why? __________________________________________________________________________

3. Identify which one of two statements below is more objective and avoids judgment. Write an
improved version of the other statement.

_ On Tuesday, September 14, Jenny started training on making purchases in convenience stores.
Her baseline from three sessions in early September indicated 20% to 35% correct steps. In
this session, Jenny performed at 60% correct with the specialist’s assistance. She greeted the
cashier when entering the store, located the item for purchase, and placed the item on the
counter. However, she needed verbal prompts to give the dollar to the cashier and to receive
coin change from the cashier. Her performance was far above the baseline levels. We will
work on reducing the verbal prompts that were necessary today so that Jenny can respond
directly to the cashier.

_ Allan is working on locating key locations downtown, such as his service coordinator’s office,
the library, and his cousin’s business. He has been making progress with minimal help from
me. Today, Allan was identifying street signs and numbers when he met an old friend from
high school. They started talking about old times, so no instructional programs were
conducted on this date. Allan does well when I have his attention, but he is totally impossible
when he starts socializing with his friends.

Improved version of “Jenny” or “Allan:” ____________________________________________

________________________________________________________________________________

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Module 8 Application Exercise: Collecting Data Using a Recording Procedure

NOTE TO THE INSTRUCTOR: Check to ensure specialists have completed the following exercise. The exercise includes six steps described below. Encourage specialists to use an alias to identify their learner as they discuss their task analysis and data (a learner's actual identity should be kept confidential).

1. Select a task. The task can be the same one analyzed in the previous Application Exercise. If so, move ahead to #3 below.
2. Analyze it using the form in Appendix F or one used by your agency.
3. Select one of the five data recording procedures described in this module.
4. Collect baseline data on the task or steps of the task using the selected recording procedure.
5. Graph the data on task performance for 3 baseline sessions using one of the graphs in Appendix G or one used by your Developmental Disability Agency. If your agency prefers, write notes of your observations in addition to (or as an alternative to) collecting and graphing data.
6. Discuss the baseline data with the instructor and other trainees during a future training session.

References


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Module 8: Data Collection Strategies

Listing of Additional Resources


Module 9
Developmental Therapy

Overview
This module describes developmental therapy, six principles that guide instructional activities with learners who have disabilities, skill maintenance and acquisition, and ways to troubleshoot instructional problems. After reading this module, specialists will:

• describe developmental therapy,
• name the six principles that guide developmental therapy,
• describe guidelines for effective communication with learners,
• describe expectations that instructors should set for learners,
• describe and demonstrate instructional procedures,
• list six steps related to the acquisition stage, and
• describe how to praise correct responses and use correction procedures.

Key Terms in Module 9

• Developmental therapy: Services directed toward the rehabilitation/habilitation of physical or mental disabilities in areas of major life activities, including self-care, receptive or expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. These services are often provided by paraprofessionals (referred to here as “instructors”) working under the supervision of a developmental specialist. Developmental therapy services are billed to Medicaid in 1/4 hour increments as “individual” or “group” rates. Specialists are responsible for assuring that services are provided in the learner’s skill areas and for recording total time that services are provided. See Section 804.04 of IDAPA Rules Governing Developmental Disabilities Agencies for more information.

• Response: What the learner does after the instructor tells/shows the learner what to do.

• Positive reinforcer: Consequences that learners will work to get. Positive reinforcers, like praise and encouragement, make it more likely that a response will occur again.

• Acquisition: After baseline, this is the first stage of delivering instruction in which instructors teach how to do tasks.

• Skill maintenance: The second stage of delivering instruction in which learners perform tasks independently with the same supervision given to other individuals.
Principles That Guide Developmental Therapy

The principles described below should guide efforts to strengthen skills of learners:

**Principle 1.** **Learning new skills means that the learner may feel vulnerable.**

Being a learner is not easy. When individuals with disabilities want to learn new tasks or skills, it means that they admit they do not perform them well. In effect, they are communicating that they cannot do something. Much like you may have felt on the first day of a job or the first day of a class, they feel vulnerable. Perhaps they feel anxious and uncertain about what may happen. They may hope that the instructor is sensitive to their vulnerability, but they may have had negative experiences in the past. Even after they become participants in a learning situation, they may at times feel resistant or even deny that they need training. *Before we take the role of instructor, we should recall our own experience when we felt most vulnerable in a learning situation.*

**Principle 2.** **Learning is a “two-way street:” Both the learner and the instructor make changes in what they do.** Effective instruction is a partnership. It is an agreement on the part of the instructor and the learner that both will work to increase the learner’s skill level. Let’s examine some important implications in this agreement:

<table>
<thead>
<tr>
<th>The learner...</th>
<th>The instructor...</th>
</tr>
</thead>
<tbody>
<tr>
<td>...agrees to take risks about things that she does not do well.</td>
<td>...agrees to understand and be sensitive to the learner’s vulnerability.</td>
</tr>
<tr>
<td>...tries to become more independent and self-sufficient.</td>
<td>...tries to “let go” and gradually fade assistance.</td>
</tr>
<tr>
<td>...tries to give her maximum effort.</td>
<td>...realizes that the learner cannot sustain maximum effort on an unfamiliar task for very long.</td>
</tr>
<tr>
<td>...tries to perform the skill consistently from session to session and from person to person.</td>
<td>...understands that no individual, whether experts or novices, whether learners with disabilities or not, are perfectly consistent.</td>
</tr>
<tr>
<td>...agrees to trust the instructor.</td>
<td>...agrees not to let the learner down.</td>
</tr>
</tbody>
</table>

**Principle 3: Effective instruction requires effective communication skills.**

Effective instructors are good communicators. Instructors of learners with relatively mild disabilities must use good verbal or signed communication. Instructors of learners with severe disabilities communicate more through their body language and facial expressions than through verbal communication. Most instructors must demonstrate (show) how tasks are performed.

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Module 9: Developmental Therapy

Effective instructors are also good listeners. They read messages from learners and adjust what they do. If the learner’s message is, “I can’t follow your verbal instruction - just show me what to do,” then the instructor must make adjustments. If the learner’s message is, “I followed the first part of your verbal instruction, but I got lost - break it into smaller parts,” then the instructor must make changes. If the learner’s message is, “I’m not good at watching what you showed me - just tell me or show me the first part,” then the instructor must sense it. The important point here is that the learner’s message is never clear or definite. They will not articulate the statements above - they are busy trying to figure out what the instructor is trying to teach them! The message may be in their behavior, their motivation level, or their attention level. Effective instructors must carefully listen and watch to get the message.

Here are some guidelines for effective communication:

- *Don’t accept “I don’t know.”* Accept most anything else. If you accept “I don’t know,” you teach learners that they can avoid trying. Learners may not have the answer, but they usually have part of it. Here are some ways to prompt the learner: (1) Break down the task into smaller parts and request the first part. For example, Elaine is learning to brush her teeth, and the instructor says: “Elaine, what’s the first thing you do when you brush your teeth? Show me.” Ask leading questions so that the learner attends to the relevant information. For example, Deanne can’t remember her bus stop, so her instructor says: “Deanne, we’ve just passed Juniper Street. What does that mean?” (It means that Deanne’s bus stop is at the next street.) (2) Show the task. For example, Jacob is dusting the table, but he’s working in one spot only, so the instructor says: “Jacob, watch me. I’ll do the first part (instructor shows). Now, you do the rest.”

- *Use the learner’s name first to get attention.* Continue when you have the learner’s attention. For example, say: “Aaron, do this (showing).” Avoid saying: “Do this, Aaron.”

- *Use clear, simple instructions.* Keep the instructions short. If appropriate, ask the learner to repeat back what she heard you say. Example: “Yolanda, take this letter to Marcie in the kitchen. Now, what are you going to do?”

- *Tell learners what TO DO, not what not to do!* Describing what you do not want only confuses some learners. With others, they are more likely to DO IT because you have asked them NOT TO! Avoid statements that start with DON’T or QUIT. For example: “Angie, please finish the cleaning task.” Avoid: “Angie, quit ranting and raving and don’t jump up and down.”

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Module 9: Developmental Therapy

- **Eliminate the verbiage.** Sometimes, beginning instructors like to describe a skill in detail, talk about why we do things certain ways, etc. It may be important to give descriptions and rationales at some point, but it overwhelms the beginning learner. Teach now; discuss later!

- **Avoid abstract language, like concepts, cliches, trendy terms, old sayings, and “figures of speech.”** Many learners do not understand complex phrases such as “self-indulgent,” “early bird catches the worm,” “we’ll cross that bridge when we get there,” etc. Use words that are simple, concrete, specific, and correct (e.g., “spatula” instead of “the flipper thing”). Describe exactly what you want the learner to do (e.g., “Juan, grab the spatula by the handle. Now, slide the spatula under the burger . . .”). Avoid: “It’s time to flip the burgers, Juan”).

- **Be aware of who you are talking about while they are present and while they are not!** Do not talk about learners while they are nearby unless you acknowledge them and allow them to participate in the conversation. However, even if they are not within ear shot, be respectful. It is a courtesy that you would expect of others if they were talking about you!

### Module 9 Workbook Exercise: Communicating Clearly

**NOTE TO THE READER:** Consider the following statements. What are simple, specific ways to communicate the same messages? Write one alternative phrase next to each phrase below. You may have to provide some context for each example.

<table>
<thead>
<tr>
<th>Unclear phrases</th>
<th>Alternative phrases?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“If I had a quarter for every time you’ve said that, I’d be a millionaire.”</td>
<td></td>
</tr>
<tr>
<td>“Please stop complaining and sit down. You’re being impatient.”</td>
<td></td>
</tr>
<tr>
<td>With Kyle present, the instructor talks to a supervisor: “Kyle and I are going to stop today’s training session. He’s on another planet.”</td>
<td></td>
</tr>
<tr>
<td>“I need for you to get in the car, and don’t tarry or you’ll be tardy.”</td>
<td></td>
</tr>
</tbody>
</table>
Principle 4: Establish expectations of learners. Many beginning instructors set expectations too low which means that some learners stop trying! Expectations should be:

- **High, but achievable.** Setting high, achievable expectations means that the instructor can maintain attention longer and reach the learner’s potential.
- **Individualized.** Instruction must start at or near the learner’s baseline level of performance. If we expect just slightly more than a learner’s current abilities, achievement is likely. Once a learner meets these expectations, we can adjust them slightly higher. In this way, each individual continues to make progress towards the goal.
- **Positive.** Communicate positive expectations to learners. For example, make statements such as, “Your parents and I hope that you will try to do your best.” Or, “I know you’ll try to return from break on time.” Avoid negative or sarcastic remarks. For example, avoid remarks like “I hope you’re not as bad as yesterday!” or “When you’re on time, it’s a miracle.” These kinds of remarks are unprofessional and they reduce self-esteem.
- **Clearly communicated to learners.** This means conveying our expectations in specific terms, checking for comprehension, and repeating expectations often.

Principle 5: Based on the task analysis, prepare to deliver instruction on the steps that need improvement. Here are two ways to do this:

- **Preview tasks and skills to be taught.** Briefly describe or demonstrate tasks to the learner. Start by familiarizing yourself with the task analysis (see Module 7 for more information). Knowing the task yourself improves your ability to teach it.
- **Deliver instruction on skills when and where skills naturally occur.** For example, teach a learner to make a sandwich in the kitchen before mealtime, not in the living room at 10:00 am.

Principle 6: Motivate learners with positive reinforcers. Positive reinforcers are consequences that learners will work to get. That is, positive consequences increase (or strengthen) the response they follow (Cooper, Heron, & Heward, 1987). The most obvious positive reinforcers that strengthen behavior are praise, recognition, and encouragement. Be enthusiastic and sincere! Vary your voice tone! Describe the task that you are praising! (Avoid monotone repetitions of “good job.”) Positive reinforcers communicate success, achievement, and self-worth to individuals who may be more accustomed to feelings of failure and helplessness.
Module 9 Progress Check A

Respond to the items below, then check your answers with those in Appendix A.

1. The instructor and Sarah have just read the directions for making lasagna. The instructor asks Sarah if she can make lasagna, but she says, “I don’t know. I used to, but now I don’t think so.” What could the instructor do to lead Sarah or to simplify the task?

2. During a bus ride to a recreation activity, an instructor and Marvin are talking. Marvin has mental retardation. The instructor says, “Marvin, you’re a little overzealous when you play basketball. You play like a bull in a china shop. You need to chill.” Marvin looks confused. Rewrite the instructor’s statement using guidelines for effective communication.

3. Write 10 alternative ways to say to a learner, “Good job!”

End of Progress Check A, Resume Module 9
Delivering Instruction to Strengthen Skills

We are now ready to describe how to deliver instruction. There are two stages of delivering instruction (Salzberg & McCuller, 1986). First, instructors teach learners in how to do tasks. This stage is called **acquisition**. Second, instructors teach learners in how to do tasks independently with the same supervision provided to others. This stage, called **skill maintenance**, will be discussed in a later module. These stages apply to learning most skills that learners have selected in their individualized plans, including community, recreation and leisure, and residential skills.

How to Deliver Instruction in the Acquisition Stage

When delivering instruction to help learners acquire new skills or specific tasks, instructors must perform six steps in sequence:

1. prepare the materials and the setting,
2. present information,
3. wait for a response,
4. praise or correct the response,
5. check for independent responses, and
6. collect data on performance.

We will examine each of these six steps of acquisition.

**Step 1. Prepare for instruction.** Instructors must be prepared before starting. Here are two important guidelines.

- First, determine the materials needed. Gather and organize these materials. Check the task analysis for details.
Second, familiarize yourself with the task. Make sure that you know the task analysis; that is, the sequence of cues, steps, speed and quality requirements, and potential problem areas.

**Step 2. Present the information to start instruction.**

- First, get the learner’s attention. Use the learner’s name *before* presenting information.
- Second, familiarize the learner with the task to be taught. Give the learner an idea of the nature of the task and the expectation.
- Third, set a comfortable pace. For many learners, this means a fairly rapid, steady pace.
- Fourth, present information according to the task analysis or instructional program. Here are three ways to present information:

  1. **Showing.** Demonstrate the correct way to do the task. Showing is a useful way to present information about many different skills. Example:

     “Ernie, watch me, please.” *(The instructor shows how to fill the gas tank of a lawn mower, and checks to ensure that Ernie is watching.)*

  2. **Telling.** Explain the task using simple, straightforward language. Avoid jargon, technical terms, or cliches. Example:

     “Ernie, listen. First, take the lid off the gas tank. Taking off the lid means turning it this way *(counterclockwise)*. Put the lid on top of the tank. Next, pick up the gas can. Hold the can steady...”

**Telling is often combined with showing.** Here are six steps to follow when combining showing/telling:

- Identify the specific task to be taught.
- Go to the location where the task occurs.
- Ensure that learners are paying attention.
- Show (demonstrate) the task. NOTE: While showing what to do, tell learners about the important features of the behavior, but avoid extra “verbiage.” Example:

  “*Remember to close the door of the oven.*”

- Ask learners if they have any questions, or if they would like to watch another demonstration.
- Allow learners to do the task immediately after watching it.
Here’s an example of how an instructor might teach a learner (Scott) to empty trash by following the steps described above:

<table>
<thead>
<tr>
<th>Instructor’s statement</th>
<th>Which step of acquisition?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Scott, I’m going to show you how to empty trash.</em></td>
<td>Identify the task.</td>
</tr>
<tr>
<td><em>Let’s go over here to the trash, since this is where you start.</em></td>
<td>Go to the location where the task occurs.</td>
</tr>
<tr>
<td><em>OK, Scott, watch me.</em></td>
<td>Get learner’s attention.</td>
</tr>
<tr>
<td><em>First, I pull out the trash can like this (showing). Second, I pull out the trash bag. Third, I cinch the straps of the bag. Fourth, I take the bag out to the dumpster - follow me. (Instructor and Scott go to the dumpster.) Next, I open the lid of the dumpster. Then, I toss the bag in like this. Finally, I go back to the house.</em></td>
<td>Telling and showing.</td>
</tr>
<tr>
<td><em>Scott, any questions?</em></td>
<td>Ask for questions.</td>
</tr>
<tr>
<td><em>OK, now you try it.</em></td>
<td>Practice.</td>
</tr>
</tbody>
</table>

3. **Physically Assisting.** This procedure is sometimes useful for delivering instruction on skills involving motor actions and for providing assistance when the learner is unable to do a complex task. Before using physical assistance, make sure the learner is comfortable being touched. Some learners may find touch unpleasant or intrusive. If so, stop instruction and ask for advice from your supervisor. There are two different ways to use physical assistance:

- **Most-to-least prompting,** sometimes called “graduated guidance,” involves guiding the learner “hand-over-hand” through the steps of a task. As the learner performs better, physical guidance is gradually reduced. The instructor gradually switches from hand-over-hand to guiding the wrist, then placing a finger on the back of the hand, then tapping the wrist or back of hand, then showing, telling, etc.

When should you use most-to-least prompting? It is useful when teaching complex movements, or when baseline data indicate low levels of correct responses. Example:
Ernie was learning to use a lawn mower so that he can help with his family’s yard chores. His baseline indicated that he did not operate it independently. After showing/telling, the instructor said, “Ernie, let’s try it. May I stand behind you and hold your hands while you try to start it?” Ernie nodded and walked to the mower. The instructor stood directly behind him, extending her hands over Ernie’s hands. The instructor touched Ernie’s forefinger to adjust the choke. Then, she clasped Ernie’s hand around the handle connected to the rope, and showed him how to pull it to start the mower. First, she showed him slowly, then quickly. Each time, she physically guided Ernie’s hands. Ernie then started the mower. He and the instructor went to the edge of his family’s lawn. Eventually, the instructor shadowed Ernie’s hands and arms. If Ernie did not mow in a straight line, the instructor immediately reestablished full guidance, then gradually faded again. Several minutes later, the instructor was no longer physically assisting and stood aside as Ernie mowed the lawn.

- **Least-to-most prompting** involves starting with no assistance at all, then gesturing, then showing or telling, then physically assisting. The instructor may gesture, tap, touch with a finger, and finally guide “hand-over-hand.” The instructor only provides the assistance necessary for the learner to respond correctly on the task. If the learner responds when the instructor touches her hand with a finger, the instructor need not place hand-over-hand, and instead, should withdraw immediately. Or, if the learner responds to a model, there is no need to continue with any level of physical assistance.

When should you use least-to-most prompting? It may be useful when learners need reminders on how to perform an action, or when baseline data indicate that a learner is partially performing the task. Example:

*Michael was learning to tie his shoes. He can perform all of the steps, but occasionally gets confused about some of the movements. The instructor assisted him by using least-to-most prompting. He asked Michael’s permission to assist, sat in front of him, watched Michael perform the steps, and provided assistance only if necessary. For example, when Michael made the first bow, the instructor gestured with his finger to the lace. When Michael did not respond, the instructor motioned with his finger to make a “loop.” When Michael did not pull the looped laces tight, the instructor first gestured, then verbally prompted (“Michael, pull the laces tight”), then touched Michael’s hands while verbally prompting again, then physically clasped his hands to Michael’s hands while pulling the laces tight.*
Module 9 Progress Check B

Respond to the items below, then check your answers with those in Appendix A.

1. Name three ways to present information to a learner in the acquisition stage:

   __________________________  __________________________  __________________________

2. Which of the three ways of presenting information (or combinations of the three ways) might be most appropriate to teach the following tasks.

   • Using a vacuum: ________________________________________________.
   • Using a calculator: ________________________________________________.
   • Operating an elevator in a public building: ____________________________.

3. When should least-to-most prompting be used? ____________________________

4. Fernando was learning to replace a ceiling light bulb in his new apartment. He had not performed this task before, and was unsure how to place the step stool to reach the light, unscrew the bulb, etc. Should the instructor use least-to-most prompting or most-to-least prompting? Why?

   ________________________________________________________________

5. Using most-to-least prompting, fill in the blanks below by describing a sequence of ways to provide physical assistance: Hand-over-hand > _____ > place finger on hand > _____ > _____ > independent response

   ________________________________________________________________

   End of Progress Check B, Module 9 Continues

Step 3. **Wait for the learner’s response.** After presenting information, learners must respond. Make sure learners understand when it is their turn to respond. For most learners, pause
at least 3 to 5 seconds before prompting a response. It may be helpful to count silently to yourself. *Don’t respond for learners!*

---

**NOTE TO THE READER:** Beginning instructors occasionally want to “help out.” If they do, they’re denying learners valuable learning opportunities!

**Step 4. Watch the learner’s response.** Is the learner doing what you asked? Was the response correct or incorrect? Did the response give you hints about how the learner learns? Did the response tell you that your information was presented in a clear way?

**Step 5a. Praise learners’ correct responses.** Did learners respond independently and correctly? Praise should be immediate, frequent, enthusiastic, descriptive (a specific statement about what was accomplished), and tailored to the age, gender, and culture of the individual. Examples:

- “Alright, Linda! You’re drinking from a cup!”
- “Wow, Scott! You’re on a roll. You vacuumed your bedroom all by yourself!”

Notify other staff. Ask them to praise/recognize the learner’s independent/correct responses. Task performance will not strengthen unless it’s followed by praise or some other positive consequence!

**Step 5b. Correct learners’ errors.** Always correct errors. Don’t let errors go uncorrected. If you do, the learner may practice how to do something the wrong way! Instructors usually correct errors using showing, telling, or physically assisting. Example:

- “Nice try, Linda, but watch me. Remember to tip the cup to take a drink. Now you try it again. (Linda tries while the instructor watches and waits.) There, you did it!”

After an error is corrected, encourage an independent response. Example:

- “Linda, now that you’ve done it with my help, take a drink on your own!”

**Step 6. Check for an independent response.** After a learner responds correctly, instruction is still incomplete! Remember to check for a response at a later time to ensure that the
learner can independently demonstrate it. This is especially important when:
- several responses must be performed in a sequence,
- responses may be performed under different conditions (e.g., different community sites), or
- opportunities occur infrequently under natural circumstances (e.g., in some locations, after learning to mow a lawn, the learner has no opportunity until Spring when the snow melts).

Mark your calendar to check for independent responses. Remind learners that you will be checking their performance at a later time.

**Step 6: Collect data on the learner’s performance.** We collect data to make decisions. Based on the data, we may decide to move to the maintenance stage, change the method of presenting information, or change correction procedures for a learner (Cooper, Heron, & Heward, 1987). Establish a schedule for data collection and be aware of the specific type of data to be collected (see Module 8 for details).
Module 9: Developmental Therapy

Module 9 Progress Check C

Respond to the items below, then check your answers with those in Appendix A.

1. Instructors usually correct errors using one of three procedures. What are they?

2. Why should ALL errors be corrected?

3. After a learner responds correctly, instruction is still incomplete! Instructors still need to

4. Name two guidelines for fading assistance:
   •
   •

5. List three statements or questions that might help in getting a learner started:
   *
   *
   *

6. Carla is learning to operate the stereo. She turns on the receiver and selects a cassette tape. She has performed the next several steps, but this time, she gets stuck. What should her specialist do?

7. In the example above, Carla remembered to put the tape in and pressed play, but there was no sound. The selector button is on “CD,” not “Tape.” What should her instructor do when this step is omitted? Say something like

End of Progress Check C, Module 9 Continues
Module 9 Group Exercise: Delivering Instruction in Role Play

NOTE TO THE READER: The exercise below allows specialists to practice the instructional procedures described in this module. Specialists should work in groups of three.

First, analyze one of the tasks below by filling out the Task Analysis form in Appendix F or a form used by your organization. Next, decide which data recording procedure to use for the selected task. Finally, arrange for one specialist will deliver instruction to a second specialist who plays the role of “learner.” The third specialist should observe the other two and provide feedback on whether the “instructor” followed all of the instructional steps. Rotate roles so that each specialist plays each role. Provide each “learner” with a script describing whether the learner will respond correctly or incorrectly on each step of the task. The learner should not share the script with the specialist who is playing the role of instructor! The observer should follow the script with the learner and provide feedback to the instructor when the “session” is over. Rotate roles and use new scripts each time.

Select one of the following tasks:
1. Drinking from a small cup.
2. Answering a telephone and saying “hello.” (Stop at this point.)
3. Dusting a table.

What Should I Do When I Run Into Problems?
The instructional procedures discussed in this module are effective with many learners. However, problems will undoubtedly arise. Instructional problems are usually of certain types, many of which are listed on the next page. The following “troubleshooting guide” may assist you when difficulties are encountered (Morgan et al., 1996). Keep it handy as a reference tool!
# TROUBLESHOOTING GUIDE

<table>
<thead>
<tr>
<th>Problem</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL of the problems listed below this one!</strong></td>
<td>First, contact your supervisor. He/she may have specific procedures to solve the problem, and those procedures may be different from the ones suggested here. If not, then use this troubleshooting guide.</td>
</tr>
<tr>
<td><strong>The learner seems distractible and doesn’t watch while I’m showing or listen while I’m telling.</strong></td>
<td>OPTIONS: (1) Pick up the pace. Move quickly through showing/telling. If the task is long or complex, break it down into smaller tasks and show/tell segments. (2) Try new positive consequences as incentives. (3) Ask if the learner is still interested in learning the new skill or task. If not, stop the session. Perhaps try later.</td>
</tr>
<tr>
<td><strong>The learner seems bored and disinterested.</strong></td>
<td>OPTIONS: (1) Vary the pace of instruction. (2) Try new positive consequences as incentives. (3) Hold the session in a new setting that makes the skill or task more functional, i.e., usable and practical.</td>
</tr>
<tr>
<td><strong>The learner performs the task, but does it too slowly.</strong></td>
<td>OPTIONS: (1) Watch the learner do the task. See what actions are too slow or unnecessary. If you can identify extra/unnecessary actions, show/tell more efficient ways to do the task. Picture cues or self-instructions may help (see Module 10). (2) Try using a timer but watch for loss of quality.</td>
</tr>
<tr>
<td><strong>The learner performs the task, but inconsistently. Sometimes the quality is OK, sometimes not OK.</strong></td>
<td>If possible, provide a model of the finished product so the learner can check her work against it. If this does not work or is not possible, observe the learner perform the task and provide positive or corrective feedback after each step is completed.</td>
</tr>
<tr>
<td><strong>The learner makes errors on different tasks - no pattern.</strong></td>
<td>Watch the learner do the task. Picture cues, self-checking, or self-instructions may help.</td>
</tr>
<tr>
<td><strong>The learner continues to make the same error over and over and over and over and...</strong></td>
<td>Watch the learner do the task. Pull the task out and deliver instruction separately. When presenting information, combine visual and auditory cues (like showing combined with telling).</td>
</tr>
<tr>
<td><strong>The learner can do the task, but after a weekend or a long layoff, the learner loses ground and instruction starts over.</strong></td>
<td>OPTIONS: (1) Watch the learner’s performance to see what part(s) are troublesome. Pull them out and deliver instruction separately. Immediately upon starting work, review what must be done. (2) If possible, videotape the learner's best performance before the layoff and let him “watch himself” before starting work. (3) Arrange several repetitions of the same troublesome task before the layoff.</td>
</tr>
<tr>
<td>The learner can do the task, but the sequence gets mixed up.</td>
<td>Watch the learner do the task. Are there patterns to the mix-up? If so, pull the mixed-up parts out and deliver instruction on them separately. If not (that is, if the sequence errors are &quot;random&quot;), examine Module 10 on picture cues or self-instructions.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>The learner brings personal issues to the session and seems emotionally caught up in the events. Preoccupation with other matters causes drastic fluctuations in job performance.</td>
<td>Stress the point that the instructional session is for one thing: learning. Clearly distinguish between what happens in training and elsewhere. Deal with emotional issues afterwards. Videotape the learner’s best performance as a model. Praise good performance and set up new incentives for paying attention and not complaining.</td>
</tr>
</tbody>
</table>
Module 9: Developmental Therapy

Module 9 Progress Check D

Respond to the items below, then check your answers with those in Appendix A.

1. Matthew is learning to write checks to pay his apartment bills, but after a weekend off, he needs considerable re-training. What should his instructor do? ____________________________

2. Andrea is learning to bathe. She is very thorough in bathing, but consistently forgets to wash her hair. What should her instructor do? ____________________________

3. Kimberly is learning to answer the phone and write messages. Her written messages are inconsistent. Sometimes the messages are accurate and detailed, sometimes she doesn’t write the details, and sometimes she doesn’t leave messages at all. What should her instructor do? ____________________________

References


Module 9: Developmental Therapy

Listing of Additional Resources


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Module 10

Maintaining and Generalizing Skills

In Module 10, we discuss fading assistance to maintain skills and ways to generalize skills. After reading this module, the specialist will:

• describe fading assistance and its importance,
• discuss four ways to fade by substituting other cues,
• describe generalization and its importance, and
• name seven ways to promote generalization.

Key Terms in Module 10

• Maintaining skills: Consistently displaying a skill even when cues and reinforcement have been withdrawn.
• Fading assistance: Withdrawing cues so that learners respond to other events in the environment.
• Natural cues: Events which normally occur in the day-to-day environment that prompt the next response from the learner.
• Generalizing skills: Performing a skill consistently in all new situations encountered.

How to Maintain Skills

In Module 6, we described acquisition, the first stage of strengthening skills. The second stage is maintaining skills. After learners have acquired skills, the specialists’ job is far from finished. Important work remains to be done! Specialists sometimes ask about a learner, “Why won’t he perform the skill today? He did it yesterday.” Or, “He did it for you. Why won’t he do it for me?” Answers to these questions often are that instructors have neglected skill maintenance procedures. Maintaining skills means that instructors carefully withdraw cues and reinforcement so that skills are displayed without extra assistance. For the instructor, it means “letting go.” For the learner, it means “taking charge!” There are two ways to maintain skills: (1) by fading assistance, and (2) by substituting other cues. Let’s take a closer look.
What is Fading Assistance and Why Is It Important?

Instructors temporarily use cues to establish a skill. Then, they gradually fade assistance, that is, they withdraw cues and arrange for learners to respond to other things in the environment. Unnecessary assistance from instructors prevents learners from becoming independent and self-sufficient. Let's meet Amanda and Alicia:

Amanda had learned to ride the bus to work. Her instructor, Rose, had worked diligently with her. Amanda independently boarded the Westside bus and rode it downtown, where she got off at the transfer station. At that point, she met Rose, and both of them boarded the Eastside bus. Rose got off at Developmental Services, where she worked. Amanda continued until she got off at Big Time Office Supply Co., where she worked. It was a convenient arrangement for both of them. One day, Amanda could not find Rose at the transfer station. Was Rose ill? Amanda became confused without Rose. She could not read the signs on the buses to tell which one was the Eastside bus. How would she get to work?

Alicia was so proud that she had learned to use make up. Her instructor, Tracy, had assisted her in applying lip stick, eye shadow, foundation, and nail gloss. Because Alicia had cerebral palsy and limited fine-motor control, Tracy had not targeted eye liner or mascara, fearing that use of long sharp objects near Alicia's eyes may raise safety concerns. Tracy sometimes applied eye liner herself to Alicia, or allowed Alicia to hold the eye liner while Tracy guided it. When Tracy was promoted to another job, Alicia tried to use the eye liner herself. The results were disastrous.

Fading Starts on Day One

Instructors get satisfaction from teaching new skills. It feels good to help someone learn something new. Unfortunately, some instructors fail to understand the nature of their relationship with a learner. It is as if the learner were to say:

"I need your help to do this. I can't do it without you. But then, I also need for you to back off! Give me a chance to do it all. Your help must be temporary. If I can't do it without you, then I might as well not do it at all."

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Specialists are instrumental in helping instructors fade assistance, and in developing other support systems for learners. In community and residential settings, this means getting friends, families, and neighbors involved. Let’s examine how to fade instruction.

**How to fade instructional procedures.** Instructors must fade specific types of prompts, such as physical assistance, telling, showing, and combinations of prompts. We’ll consider examples as we examine each type of fading:

1. **Fading “physical assistance.”** Fade physical assistance as soon as possible when the learner begins to respond independently. For example:

   Carol, the instructor, used most-to-least prompting to teach Sarah to make hamburgers (especially turning a patty with a spatula). Carol faded by holding Sarah’s wrist, touching her forearm, and finally, pointing to a patty in the skillet. At this point, Carol involved Sarah’s roommate by asking her to point to the patty when it needed to be turned. Soon, Sarah turned the burgers without physical assistance or gestures. Also, she turned patties regardless of whether her roommate was present.

2. **Fading “telling” prompts.** Fade “telling” as soon as possible. We sometimes say more than we should when delivering instruction. Too much telling may be confusing! Focus the learner on the natural cues listed in the task analysis. Here are some verbal prompts that may be useful in getting a learner started:

   * “What do you do first?”
   * “The first thing you do is... (pause).”
   * “How do you start?”
   * “First...(pause).”

Here are some verbal prompts that may be useful when a learner has started a task but then gets stuck:

- “OK, so far you have (completed some portion of the task). The next thing to do is...(pause and wait for the learner to do it).”
- “Looks like you’ve done the first part. What comes next?”

Here are some verbal prompts that might be useful when part of the task is omitted:

- “Nice effort, but check your work. Is something missing?” (Or more specifically, “You’ve shampooed the carpet in the living room. Where else is there carpet that needs to be shampooed?...(pause).”

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Quinn taught Jared how to check out a library book. Quinn prompted Jared by describing the next step (such as, “Now, give the book to the librarian”). When Jared paused after taking the book back from the librarian, Quinn asked Jared “What’s next?” or simply “Next?” Without having been told the next step, Jared eventually said, “Thanks,” and moved away from the library counter.

3. Fading “showing” prompts. Fade “showing” as soon as possible. Fernando used “showing” prompts to teach Teren how to fix a flat bicycle tire. In the second training session, Fernando started fading assistance. He showed Teren the first step (loosen the nut on the wheel hub) then paused, motioning to Teren to perform the next step. The third session, Fernando simply gestured to the flat bicycle tire.

**How to fade reinforcement.** One difficult but critical task in instruction is reducing the amount of positive reinforcement (e.g., praise, etc.). The goal is to eventually match the level of reinforcement that others receive. There are two ways to accomplish this goal. The first way is to decrease the frequency of reinforcers for correct performance. The second way is to decrease the intensity or magnitude of reinforcement.

**Decreasing the frequency of reinforcement.** Initially, instructors praise learners each time they successfully complete a step in a task. After learners are doing the entire task with a high degree of accuracy, instructors may gradually reinforce performance less and less often. However, instructors should decrease reinforcement only if the learners’ performance remains proficient. If a learner slows down, makes an error, or seems to need reassurance, the instructors should use the least assistance to correct the error, and keep reinforcement at the same frequency. Later, instructors can try again to decrease the frequency of reinforcement.

**Decreasing the intensity of reinforcement.** Instructors might decrease the intensity or amount of reinforcement delivered when learners complete a task or step. For example:

*Initially, the instructor provided Camille with praise and a complete description when she correctly vacuumed a room. Once Camille was vacuuming proficiently, the instructor offered “low-key” praise (i.e., a “thumbs up” and a head nod.) Reinforcement still occurred at the same points in time, but the intensity gradually decreased.*

Both the frequency and intensity of reinforcement can be reduced. In the example above, the instructor may eventually offer only a head nod after Camille vacuumed her room.

**Fading Assistance by Substituting Other Cues**

Natural cues can be substituted for instructors’ prompts (Berg, Wacker, & Flynn, 1990). We will

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Module 10: Maintaining and Generalizing Skills
discuss four types of cue substitutions: time delay, picture cues, self-instruction, and self-checking.

1. **Time delay.** This fading procedure involves delaying a prompt for an extended period of time, perhaps 10 seconds or more. This procedure allows a learner time to respond to natural cues. If she does not respond after the time delay, the instructor provides telling, showing, or physical assistance, then repeats the sequence. For example:

   *One of Peter’s chores was to empty the dishwasher. He removed the cups and saucers from the top tray, the dishes and bowls from the bottom tray, and the silverware from the tray in the door of the dishwasher. Paul, Peter’s instructor, had taught him to empty each tray. However, Peter stopped after emptying each individual tray. While Paul counted silently, Peter looked at Paul, glanced at the dishwasher, shuffled, said “OK,” and finally moved ahead to the next tray. Peter needed no cue from Paul. Finishing the previous step eventually served as the natural cue for Peter to go to the next step.*

2. **Picture cues.** Another way to decrease cues is to use pictures showing a sequence of steps (Powell et al., 1990). For example:

   *Amy had learned to perform various hygiene tasks as parts of her morning routine. Her instructor drew pictures of each task on cards of a rolodex. Initially, the instructor referred Amy to the pictures when she needed help remembering what to do. After several sessions, Amy’s instructor drew new pictures that combined certain tasks (like washing hair and showering).*

Although picture cues are useful in fading assistance, they too should be faded over time. In the example above, as Amy’s performance improved, the instructor drew new pictures, each showing several combined steps. Eventually, Amy no longer needed pictures to cue her performance.

3. **Self-instruction.** Self-instruction refers to talking oneself through the steps of a task in a systematic manner (Agran & Martin, 1987). The instructor gives the learner an instruction using “first person” language. (For example: “First, I need to get the skillet from the cabinet.”) Then the instructor says “Now you say it.” The learner repeats the instruction. Then the instructor says, “Now do it.” After the learner follows through, the instructor gives the next instruction. (For example: “Second, I take two eggs from the refrigerator. Now you say it.”) The learner must say each instruction and perform the action in sequence. Later, instructors can assist learners in whispering, mouthing, or “thinking” through the sequence of instructions and actions.

4. **Self-checking.** Another way to fade assistance is to teach learners to evaluate their performance (Bellamy, Rhodes, Mank, & Albin, 1988). Self-checking is valuable for two reasons. *First*, it teaches learners to evaluate the quality of their performance. They can quickly check their
accuracy and thoroughness. Second, self-checking helps bring learners' performance in line with expectations. At times, there are differences between what learners believe to be satisfactory performance and what others expect. With self-checking, learners learn to match others' expectations. Here are 10 steps for teaching learners to check their performance:

1. Set up examples of "good" and "poor" performance.
2. Identify the "good" and "poor" examples.
3. Develop a self-check form that includes questions about performance. For example, a learner might check whether or not he groomed himself appropriately, each by checking, "yes" or "no." Pictures can be substituted for printed questions. (See form on next page.)
4. Show how to use the form to check performance. For example, an instructor may say, "Let's pretend I'm using this form. Here's my first question: Did I arrive for my appointment on time today? I did, so I mark 'Yes'."
5. Present examples so that the learner can practice using the form. Praise accurate checking.
6. As the learner checks his form, the instructor independently marks a separate, but identical form. The form on the next page presents an example of one that might be used for checking three grooming tasks: combing hair, brushing teeth, and washing hands.
7. Meet with the learner to compare checks. Praise matches (for example: "Yes" checks on both the learner's and instructor's forms).
8. Discuss differences in checks. Ask the learner, then the instructor, to describe their evaluations.
John Smith

The date today is ________________

DAILY CHECK SHEET

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did I comb my hair?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did I brush my teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did I wash my hands?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Supervisor: ________________

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9. Gradually fade out by purposefully NOT checking performance when the learner’s performance is stable and at a proficient level. Tell the learner that, “Today, you checked yourself.” If performance remains stable, fade by not checking 2 days per week, then 3 days, etc. If problems arise, restart by co-checking each day.

10. Praise the learner for checking his own performance.

What Is Generalization and Why Is It Important?

Generalization means performing a skill consistently in all new situations (Powell, et al., 1990). Community and home environments are dynamic and changeable settings. People with disabilities, like ourselves, need to be ready for just about anything! Learners need to consistently respond in a variety of situations. Generalizing one’s responses to new situations is critical to maintaining skills. Let’s meet Bill:

Bill had several pairs of shoes. After a long and intensive effort, he had learned from an instructor to tie his shoes. Now he could independently dress himself for work, church, and other activities. On Saturday, he was planning to join some friends on a hiking trip. He put on his hiking boots. Unlike his sports shoes or his dress shoes, the hiking boots had hooks and “speed” laces. His instructor hadn’t used the hiking boots when teaching Bill to tie shoes. Although he tried lacing the boots and tying them like his other shoes, it didn’t work. Finally, in frustration, he went to join his friends, both boots hanging loosely on his feet. His friends laughed. He was mortally embarrassed.

Instructors must anticipate different cues, variations in task steps, different settings, new people, and other events. They should purposefully include some of these events when delivering instruction. They do not need to include in their instruction all conceivable variations and changes. However, a few common and a few uncommon variations will help the learner adapt and respond in all imaginable situations (Horner, Dunlap, & Koegel, 1988).

Here are 7 guidelines for generalization training (Stokes & Baer, 1977):

1. Look for naturally occurring reinforcers in the environment.
2. Make sure that people in the environment reflect the standards for behavior and skill performance.
3. Vary the way instruction is given to learners.
4. Delay giving reinforcement for longer and longer periods of time.
5. Use naturally occurring cues to prompt responses.
Module 10: Maintaining and Generalizing Skills

6. Teach learners to reinforce themselves.
7. Reinforce learners whenever generalization occurs.

Module 10 Progress Check

Respond to the items below, then check your answers with those in Appendix A.

1. What does “fading assistance” mean? ____________________________________________

2. Why involve family, friends, and neighbors at the outset of training? ________________

3. Sherry pours a cup of coffee when the coffee maker has brewed a pot of coffee. What is her natural cue for pouring coffee? ____________________________________________

4. Celeste has mastered the steps in making burritos. Bryce (instructor) provides telling prompts immediately following the completion of each step of the task. When Celeste finishes one step, Bryce tells her which one to do next. Which method may be best for fading assistance? Why?
   A- Time delay.
   B- Fading physical assistance.
   C- Decrease the amount of reinforcement.
Module 10 Group Exercise: How Would You Promote Maintenance and Generalization?

NOTE TO THE READER: In this module, we presented three fictional learners, Amanda, Alicia, and Bill. Each of them needed their specialists to promote maintenance and/or generalization. Divide into small groups. What would you do for each of the three learners to promote maintenance and generalization?

References


Module 11
Strengthening Positive Social Behaviors

Overview
Module 11 describes methods for strengthening positive social behaviors. Topics will include principles of behavior, antecedents and consequences of behavior, how to specify behavior and how to identify the function of behavior, identification of positive reinforcers, and behavioral intervention procedures. By the end of this module, the specialist will:

- describe three principles of behavior,
- examine behavior in relation to antecedents and consequences,
- identify characteristics of reinforcement and punishment,
- identify four questions to answer when specifying behavior,
- identify behavior in observable and measurable terms,
- identify positive reinforcers,
- discuss five guidelines for behavioral interventions,
- identify alternative behaviors that may “replace” harmful/disruptive ones,
- describe five specific interventions that may be carried out, and
- discuss crisis intervention procedures.

Key Terms in Module 11

- **Antecedents:** Events which precede behavior.
- **Consequences:** Events that follow behavior.
- **Positive reinforcement:** A consequence that a learner will work to obtain.
- **Negative reinforcement:** A consequence that a learner will work to avoid or escape.
- **Punishment:** A consequence that decreases the frequency or intensity of behavior.
- **Positive social behavior:** Appropriate behavior displayed in the presence of others that serves to maintain a positive social climate.
- **Harmful behavior:** Inappropriate and self-defeating behaviors such as physical aggression against others, self-injury, threatening to do harm, property destruction, stealing, etc.
- **Disruptive behavior:** Behaviors that are less destructive than harmful ones, but still
jeopardize one's involvement in a social environment, such as noncompliance with instructions, arguing, tantrums, complaining, etc.

- **Alternative behavior**: Positive social behaviors that replace harmful or disruptive ones.
- **Functional analysis**: A systematic set of procedures for identifying all the events which occur at the same time, or in the same context as the behavior. This information gives clues regarding the purpose, or function, of the behavior.
- **Behavioral intervention**: A systematic set of procedures designed to change behavior.

**Principles of Behavior**

We will discuss three principles that help in understanding how human behavior can be analyzed (Jenson, Sloane, & Young, 1988).

**Principle 1**: Behavior occurs because of events which surround it. By examining events that surround behavior, we can analyze behavior and determine why it is occurring. Events which precede behavior are called **antecedents**. Antecedents provide cues for people to initiate an action. These events may be the sound of an alarm clock, a "walk" sign for crossing streets, daily work assignments, etc. Events that follow behaviors are called **consequences**. These may include praise, encouragement, recreation activities, warnings, fines, etc. Some consequences change behavior; they make behavior more likely or less likely to occur again. A simple way of remembering the relationship between antecedents, behaviors, and consequences is "A (antecedents)-B (behaviors)-C (consequences)."  
  
  *For example,*

  *When Darrell arrived home from school, Marcie, the paraprofessional, suggested that he take a shower (A). Darrell complied (B). Marcie thanked Darrell for showering (C).*

**Principle 2**: Behavior is a function of its consequences. There are two types of consequences. The first type is called **reinforcement**, which increases or strengthens the behaviors that it follows. When behaviors are consistently and immediately followed by reinforcement, they occur more often or more intensely (Cooper et al., 1987). There are two kinds of reinforcement: positive and negative. **Positive reinforcement** is a consequence that a learner will work to obtain (such as praise, activities, etc.). For example, most of us work for a paycheck. Positive reinforcement increases behavior. Our work behavior "increases" with the prospect of getting paid. To be effective, positive reinforcement must be delivered immediately following appropriate behavior and be delivered only after the behavior occurs (Cooper et al.,
Negative reinforcement is a consequence that a learner will work to avoid or escape (e.g., receiving a stern warning from the boss, getting burned on the kitchen stove, etc.). Negative reinforcement also increases behavior. For example, most of us also try to avoid getting a stern lecture from our supervisor. We "increase" the behaviors that we know will keep us out of trouble, like following instructions and getting along with others.

The second type of consequence is called punishment. Punishment involves applying a stimulus or withdrawing a positive reinforcer for purposes of decreasing the frequency or intensity of behavior. Although punishers depend on how consequences affect specific individuals, common examples include verbal reprimands, point fines, loss of money, and time out in a corner or in a specially built room. When we change behavior, punishment should *always* be considered a last resort, for several reasons (Morgan, Loosli, & Striefel, 1997; O'Brien, 1989; Sidman, 1989):

- Many state departments that oversee services have created regulations prohibiting or limiting use of punishment (e.g., see Idaho Administrative Code, IDAPA 16.04.11, Section 763);
- Some punishment procedures are considered socially unacceptable or abusive;
- Severe or inconsistent punishment may cause aggression and other side effects from the individual receiving the punishment;
- In some cases, punishment may not be effective, especially if it is used too often;
- Over time, people who deliver punishment to others use it more and more often (with less and less effect).

We will *not* discuss the use of negative reinforcement or punishment in this program. Instead, we will emphasize the use of positive reinforcement to increase positive social behavior.

Sometimes, we assume that an event is a reinforcer even though it does not increase behavior. If the behavior does not increase over time, then the consequence is *not* reinforcing, but neutral. For example, if praise does not increase behavior, it is a neutral consequence.

**Principle 3: All individuals can learn in a positive social environment.** Many people with disabilities have experienced frequent and repeated failures. These "failures" span many years, several attempted tasks, and a variety of different environments. They may not even recognize when they succeed. Specialists must create opportunities for success and recognize learners when they succeed.
Module 11 Progress Check A

Respond to the items below, then check your answers with those in Appendix A. Identify “A”, “B”, and “C” in the following examples.

1. John enjoyed meeting new people at Friday night dances. He would go to the dance, introduce himself to others, and sometimes would ask them to dance. After dancing, he would always say, “Thanks. Nice to meet you.”
   A= _______________________________ 
   B= _______________________________ 
   C= _______________________________ 

2. The A-B-C sequence also applies to harmful or disruptive behavior. That is, harmful or disruptive behavior is surrounded by its own antecedents and consequences. For example, Alice and Melinda argue over whose turn it is to use the phone. Alice pushes Melinda to the floor. The apartment supervisor reprimands Alice.
   A= _______________________________ 
   B= _______________________________ 
   C= _______________________________ 

3. A consequence that a learner will work to obtain (such as praise, activities, etc.) is called ____________________ 

4. A consequence that involves applying a stimulus or withdrawing a positive reinforcer for purposes of decreasing the frequency or intensity of behavior is called ____________________

5. Principle 3 emphasizes that all individuals can learn in a ____________________

___________________________________End of Progress Check A, Resume Module 11______________________
Module 11: Strengthening Positive Social Behaviors

Specifying Behavior
Specialists are often charged with the responsibilities of teaching positive, social behaviors of learners in community settings. Before we can change behavior, we must specify exactly what it is and what we want it to be. By specifying, or pinpointing, behavior, we can set clear expectations for learners, communicate with others about how much it is occurring, and observe and record it. Specialists who specify behavior have three advantages:

1. Clear expectations. By specifying behavior, we can establish clear expectations of learners. Let’s say that when a learner, Stacy, has a problem with a task, she begins to “pout.” Instead of saying, “stop pouting Stacy,” her specialist might say, “Stacy, if you don’t know how to do something, you should ask someone for help.”

2. Communication. Sometimes, we communicate with other specialists, paraprofessionals, parents/guardians, families, or supervisors about a learner’s behavior. A clearly specified behavior improves communication by removing uncertainty. For example, when a service coordinator tells the specialist “Kelly scowls and grumbles at neighbors instead of greeting them with a smile,” it communicates far more than a vague, unclear statement like “Kelly has a bad attitude.”

3. Observation of behavior. When we specify behavior, we can observe and record when it occurs. For example, it is easier to observe and record the number of times that Kelly “grumbles at neighbors” than it is to count how many times he “has a bad attitude.”

Questions to Answer When Specifying Behavior
Monaco (1989) identified four questions that specialists should answer when specifying behavior:

1. What is the behavior?
2. What’s the history of the behavior?
3. What are the antecedents and consequences of the behavior?
4. What social factors might be affecting the behavior?

1. What is the behavior? Specialists must clearly define positive social behaviors that they want to increase. The definition should describe the behavior in observable and measurable terms. Others should be able to read the definition and observe the behavior when it occurs. For example:

   Greeting family members appropriately- Aurelio approaches within 3 to 6 feet of a family member, makes eye contact, smiles, and says, “hello.”
Behaviors we want to decrease must also be defined. We will refer to them as harmful or disruptive behaviors. **Harmful behaviors** might include behaviors such as physical aggression against others, self-injury, threatening to do harm, property destruction, stealing, etc. **Disruptive behaviors** may be less destructive ones, but still jeopardize one’s involvement in a social environment, and include noncompliance with instructions, arguing, tantrums, complaining, etc.

To decrease harmful or disruptive behaviors, we must identify positive ones that should be increased. These are called **alternative behaviors**, or socially acceptable ones. They accomplish the same objective, or “function,” for a person as the harmful/disruptive behavior.

Here is an example of a clearly defined disruptive behavior and its alternative:

**Disruptive Behavior:** Yelling at staff - A learner uses a loud tone of voice (above conversational volume) directed towards one or more persons.

**Alternative Behavior:** Communicating frustration in an appropriate way - A learner uses a normal tone of voice, common language (such as “I’m upset”), and stands three to five feet away when communicating frustration to staff.

Now that a harmful/disruptive behavior has been defined, the number of times it happens can be counted so that we can find out if it is decreasing. The alternative behavior should also be counted to find out if it is increasing. Without clear definitions, we may not know whether we are effectively changing behaviors.

**2. What’s the history of the behavior?** When changing a harmful/disruptive behavior, it is important to understand how it developed (O’Neil et al., 1990). Obtain permission from the learner so that you can talk to parents, employers, teachers, or others. Ask questions like:

- When did you first notice this behavior?
- Has it increased or decreased in the past month?
- Does this behavior occur only at home, work, or during certain activities?
- Who is usually around when this behavior occurs?
- What has been done to try to change this behavior? What, if any, consequences normally follow the behavior?
- What have you tried that has worked in decreasing/increasing the behavior?

Answers to these questions are helpful in providing clues on how to change the behavior.
3. **What are the antecedents and consequences of the behavior?** Antecedents and consequences were defined earlier. Watch for antecedents that seem to "trigger" the behavior. Note whether they occur in a consistent way. These events may "set the occasion" for a behavior. In addition to providing information about antecedents and consequences, direct observation for an hour a day for 3-5 days provides considerable information about the behavior (this may be used as your baseline assessment). If the behavior is extremely harmful to the learner or others (such as physically aggressive or self-injurious behaviors), a shorter baseline must be taken. Let's take a closer look at information that can be obtained by examining antecedents and consequences. For example, let's meet Stephanie and Camille:

*Stephanie lived at home with five other family members. She and five other residents ate dinner together each night. After dinner, the residents performed clean-up activities and other chores, then relaxed during leisure time. During evening hours, Stephanie frequently displayed physically aggressive behaviors. She ran toward other residents, hit them, and sometimes bit them. Agency staff first thought that Stephanie may be having an allergic reaction to the meal menus, but they varied the menus with no success. The specialist (Camille) observed Stephanie during evening activities at home. She found that Stephanie often became physically aggressive immediately after dinner. Camille concluded that the antecedents to Stephanie's behavior were the high noise and activity level that occurred after the meal (residents washing dishes, cleaning the table, storing food, etc.). Camille also noted that consequences to Stephanie's behavior were to avoid after-dinner chores and to go to her room to relax.*

Often, antecedents do not precede each occurrence of a behavior. Therefore, several observations should be done to clearly identify consequences. For example, let's meet Jamal and Rachel:

*Jamal and his specialist (Rachel) met twice per week. They went downtown to supermarkets and department stores to work on Jamal's functional reading skills. After several sessions of identifying survival signs in these locations, Rachel noticed that Jamal was becoming increasingly unresponsive. He would refuse to participate in reading activities, sometimes saying, "Leave me alone!" When Rachel asked Jamal if he wanted to discontinue the sessions, he would always claim, "I like going to stores. Don't stop." After Rachel discussed the matter with Jamal's family, she identified the antecedent to his behavior. She learned that Jamal had broken up with his girlfriend a month ago, and was still depressed over it.*

4. **What social factors might be affecting the behavior?** Sometimes, learners behave in certain ways because they misjudge the effects of their behavior on others. They may believe they are "within the social rules" but misinterpret them. For example, let's meet Janeen:

*Janeen enjoyed social interaction with her peers and teachers at school. She carried on conversations, asked appropriate questions, and described her experiences to others. However, she always seemed to be right in others' faces when she talked. It was common for Janeen to stand no more than a few inches from others. Some of her friends took offense and*
tried to step away from Janeen, but she would keep moving toward them. Friends would ask Janeen to "stand back," but she didn't understand.

In Janeen’s case, the specialist had to describe and remind Janeen of the “social rule” about maintaining an arm’s length distance from other people. Effective specialists identify the important social rules and review them with learners on a regular basis.

Sometimes, learners’ behaviors may be OK in some settings, but not others. They misjudge their behavior in relation to the situation. For example, let’s meet Amie:

Amie was friendly and polite. However, he frequently picked his nose. Naturally, everyone found this behavior disgusting! Not only was nose picking a hygiene problem, it was a disruptive behavior and one that prevented him from making and maintaining friendships.

Effective specialists understand that “some behaviors have their place.” Can you think of other examples? In Amie’s case, the specialist directed him to the restroom, where he could tend to nasal hygiene, then wash his hands thoroughly before returning. That is, the specialist put the behavior in its place. Also, this specialist worked with Amie to recognize the habit and to keep his hands away from his face and head. These examples illustrate how some behaviors violate social rules. In some cases, the rules need to be clearly stated. In other cases, behaviors may be OK if they are restricted to private environments.

Module 11 Progress Check B

Respond to the items below, then check your answers with those in Appendix A.

1. Name the four questions to answer when specifying behaviors?
   - __________________________
   - __________________________
   - __________________________
   - __________________________

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Module 11: Strengthening Positive Social Behaviors

2. Specify the following behavior: “Kevin is so moody.” You may need to create your own set of specific circumstances for Kevin.

3. Define the following behavior in observable and measurable terms. There may be several good definitions.

   Following instructions delivered by the paraprofessional:

What Other Factors Should be Considered When Specifying Behavior?

Identifying antecedents and consequences is sometimes a difficult task. Antecedents and consequences may be difficult to observe, or they may be complex combinations of setting events. Morgan et al. (1996) describe some of these factors that specialists should consider:

Times of day. Many behaviors consistently occur at about the same time of day due to schedules, presence of certain people, eating patterns, etc.

Illness or health problems. Several behaviors are affected by viruses, infections, and internal pain (e.g., headache, toothache, stomach ache, constipation, etc.).

Specific people. Some behaviors are triggered by the presence of certain individuals with whom learners come in contact.

Medications. Some medications have side effects that affect behavior. Learners may take prescription medications for problems such as seizures, depression, or pain. It is important that specialists be aware of learners’ medications and their possible side effects.

Level and type of stimulation. Many people are sensitive to light, noise, or crowded environments. Others may become bored and show harmful behaviors when no one is around. Careful observation will help determine what a learner may be reacting to and provide the specialist with the information necessary to “de-bug” the environment.
Allergies. Some professionals believe that certain behaviors might be allergic reactions (Perkin, 1990). Observe the eating habits of learners and any behavior changes that follow. In addition to potential food allergies, be aware of other types of allergies as well. Hay fever, for example, is not only frustrating, but affects one's energy level, irritability, and alertness.

Help! I Don't Know Why They Are Behaving This Way!

There will be times when understanding harmful or disruptive behavior is beyond the skills of many professionals. The rule of thumb is to get help, and get it before the harmful/disruptive behavior becomes a serious problem. When a behavior starts to become harmful/disruptive, specialists must do two things:

1. **Attempt to answer the four questions about specifying behavior.** These questions will provide information that may lead to development of a behavioral intervention.

2. **Contact the program supervisor.** Keep your supervisor informed of all harmful/disruptive behaviors. Many Developmental Disability Agencies require that "incident reports" be completed and submitted immediately following harmful/disruptive behaviors.

This module will describe how to implement behavioral interventions. Specialists often write and implement behavioral interventions. However, when harmful/disruptive behaviors occur frequently or with increasing intensity, your supervisor may want to call in a behavior consultant. Consultants are trained to deal with harmful/disruptive behaviors. Your role is vital to consultants, because you can provide some of the necessary information for them to develop an effective behavioral intervention. Consultants will ask questions about the functions of the harmful behavior. They may refer to **functional analysis** (Ferster & Skinner, 1957; O'Neil et al., 1990), which is a systematic set of procedures for identifying the setting events, antecedents, and consequences that maintain behavior. They will ask questions in attempt to identify how a behavior functions in its environment.

Other support personnel may also be contacted, such as regional Qualified Mental Retardation Professionals (QMRPs), service coordinators, local mental health services, local school district personnel, other Developmental Disabilities Agencies, college or university faculty, and others.
Module 11: Strengthening Positive Social Behaviors

As a specialist, you can assist consultants or support personnel by providing important information. Pay close attention to these do’s and don’ts:

**DO:**
- specify the behavior.
- answer the four questions.
- consider other factors.
- communicate with your supervisor.

**DON’T:**
- leave the learner with harmful/disruptive behavior.
- expect others to solve the problem.
- start an intervention yourself without informing others.

Module 11 Progress Check C

Respond to the items below, then check your answers with those in Appendix A.

1. Name six factors that can effect behavior? ________________________________

2. Andy was a 17-year-old high school student with mental retardation. He participated in community-based training with his specialist (Jesse) to learn money skills. However, Andy frequently refused Jesse’s requests to purchase items, use a calculator to determine amounts of purchases, or interact with the cashier in retail stores. What should you do to prepare for a behavioral intervention? 

   ________________________________

   ________________________________

   ________________________________

3. When should a specialist get assistance from experts for a harmful/disruptive behavior? 

   ________________________________

4. Examine the table on the following page. On the left side are poor definitions of different behaviors. On the right side are better definitions for the first two behaviors. Write better definitions for the last four behaviors. There may be several good examples.
Module 11: Strengthening Positive Social Behaviors

<table>
<thead>
<tr>
<th>Poor</th>
<th>Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erick does not pay attention.</td>
<td>Erick does not make eye contact when being addressed.</td>
</tr>
<tr>
<td>Brandy consistently follows through on things.</td>
<td>Brandy completes tasks within five to ten minutes after being asked.</td>
</tr>
<tr>
<td>Sylvia has poor hygiene.</td>
<td></td>
</tr>
<tr>
<td>Jerome gets in other people’s faces.</td>
<td></td>
</tr>
<tr>
<td>Erika teases people.</td>
<td></td>
</tr>
</tbody>
</table>

End of Progress Check C, Resume Module 11

Types of Reinforcers

Social behaviors will increase only if they are consistently followed by positive reinforcement consequences. The best positive reinforcers are those that are naturally occurring ones, i.e., those that already exist in a social environment. However, sometimes learners temporarily need positive reinforcers beyond those that are naturally available in the environment. We will discuss four kinds of positive reinforcement that are often used by specialists to increase behaviors of learners:

<table>
<thead>
<tr>
<th>FOUR KINDS OF POSITIVE REINFORCERS:</th>
</tr>
</thead>
</table>

Praise is the most commonly used reinforcer. Effective praise has six components (Salzberg, Morgan, Gassman, Pickett, & Merrill, 1993):

1. **Praise must be contingent.** Deliver praise so that it immediately follows and is dependent on the occurrence of the positive social behavior. For some learners, a delay of even a few seconds has much less chance of reinforcing the behavior.

2. **Praise must be descriptive.** Describe the specific behavior being reinforced. Say “David, I liked the way you accepted correction,” instead of just saying, “Good job David.”

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3. **Praise should change over time.** Vary the tone of voice and style of praise. Do not use the same tone or style each time. In addition to verbal remarks, try gestures (such as a “thumbs up” sign, high five, smile, or wink).

4. **Praise should occur frequently.** When first increasing behavior, praise each occurrence. Once the behavior is being performed consistently, praise less frequently.

5. **Praise must be sincere and enthusiastic.** Many persons with disabilities experience frequent failure. Provide sincere and enthusiastic praise to recognize their success.

6. **Praise should match age, culture, gender, and setting.** Tailor praise to characteristics of the learner and the social environment. Gear praise to the expectations and customs of each environment. For example, in a restaurant where normal tone of voice might disturb customers, a specialist might whisper to a learner, “I really like the way you ordered from the menu.”

While praise is reinforcing for most learners, for some individuals (e.g., persons with autism, traumatic brain injury, etc.) it may not be reinforcing. In this case, specialists should use praise with activities, points, or other events that are reinforcing.

**Points** are reinforcers that accumulate over time and are exchanged for other reinforcers (Ayllon, 1982). Points can take the form of tallies on a card, punched holes on a punch card, or any other way to represent reinforcers that will be delivered later.

When are point systems useful? Points are effective when it is necessary to bridge the gap between a learner’s current behavior and an activity at a later time (or other delayed reinforcer). Some learners may not make the connection between positive social behavior and a reinforcer due much later. They need a positive reinforcer that immediately follows their behavior. In these cases, points may help. For example, let’s meet Scott and Gwen:

*A specialist was working with Scott, a learner with mental retardation who was frequently absent from community training sessions. Scott was not responsive to warnings from his service coordinator. Limitations in intellectual abilities prevented Scott from making the connection between attendance at training sessions and increased independence. The specialist (Gwen) decided that, from Scott’s perspective, there were no meaningful, reinforcing consequences to attend sessions. Gwen met with Scott and determined that he enjoyed car rides. To reinforce attendance, Gwen drew pictures of a car. When Scott attended each training session, Gwen rewarded him with a picture of a car and praised him.*

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for attendance. When Scott earned five pictures, Gwen provided him with a car ride to his favorite places in town. After one month of improved attendance, Gwen extended the requirement to 7 pictures, then later, 10 pictures. Scott continued to attend sessions because the point system (the picture of a car) served as an immediate positive reinforcer that related to his behavior. That is, a consequence immediately followed his behavior (B).

Here are some rules about point systems:

- Points must be exchanged for other reinforcers (i.e., activities, extra free time, a “learner of the week” award, etc.).
- Points lose their reinforcing qualities if not exchanged. That is, they need to be “backed up” by other reinforcers to remain effective.
- The value of points should be carefully adjusted. Points should be worth just enough so that they maintain learners’ behavior, but not so much that learners can easily obtain them.
- Points should be given systematically, based on the learners’ performance. Specialists should communicate to learners what the expectations are and how many points they may receive before they start a task.
- Set up ways for learners to award their own points. If positive social behaviors occur, arrange for learners to mark a point sheet or check a box indicating delivery of points. Set up spot checks for accuracy.
- Use descriptive praise in conjunction with points. This will help reach the goal of eventually fading out points while maintaining the learner’s behavior. Accomplish this by requiring more behavior for the same number of points.

Cautions to consider when using points:

1. Specialists should vary the items for which points may be exchanged. Arrange for a variety of reinforcers from which a learner may select.

2. Some specialists “stake” a learner with a certain number of points, then take away points for harmful/disruptive behavior. We recommend against this practice: It focuses the specialist’s and the learner’s attention on problems, not solutions. Other specialists award points for appropriate behaviors and take away points for harmful/disruptive behavior. This is better than the negative approach, but it increases complexity because specialists must subtract as well as add points. Also, taking away points may also produce aggressive reactions (Walker, 1983). Try a positive point system first!
3. Since points have value, theft or counterfeiting may occur. Specialists should either exchange them frequently or reduce the potential of theft/counterfeiting by initialing or personalizing them (e.g., using a color code specific to a learner).

4. Point systems require some bookkeeping, which can be an extra burden on a specialist. A good rule of thumb is to keep point systems as simple and straightforward as possible. Avoid complex arithmetic, leftover point balances, and so forth. Involve the learner as much as possible.

5. Points may identify the learner with disabilities as “different” and “special,” particularly if this learner is the only one on a point system. That is, a point system may unintentionally identify the learner’s disability. In this case, the specialist may want to consider whether other learners could participate in the same point system.

Activity reinforcers are events for which learners will work. Examples of activity reinforcers include listening to one’s favorite music, going for a short walk, or renting a favorite video. For example, let’s meet Ricky and Rosa:

Ricky was a 20-year-old man with autism. He and his specialist (Rosa) frequently went to the Town Mall to work on Ricky’s reading and math skills. However, Ricky would sometimes stop along the walkways of the mall, stare at the overhead lights, and flash his hands back and forth. This “self-stimulatory” behavior was confusing to shoppers and drew attention to Ricky. Rosa and Ricky discussed the matter, and agreed that if he could walk through the Town Mall without displaying self-stimulatory behavior, he could listen to his favorite music on Rosa’s car stereo on the way home. If he displayed self-stimulatory behavior once, he would receive a warning, but could still listen to the music as long as he avoided a second occurrence.

Cautions to consider when using activity reinforcers:

1. Activities often cannot be arranged immediately following behavior. If the activity cannot occur immediately, use a point system to “bridge the gap” in time.

2. Some activities may not be appropriate for the age, gender, culture, and setting. Select activities with careful attention to these characteristics.

Identifying Reinforcers

When working with learners, identifying reinforcers should be one of the specialist’s first priorities. Here are four ways to identify reinforcers:
1. Interview family members, parents/guardians, former teachers, and others. Specialists may ask, “What does (the learner) like to do?” and “What will (the learner) work for?”

2. Ask family members, parents/guardians, former teachers, and others about special activities, awards, and other methods routinely used to recognize the learner’s performance (i.e., natural reinforcers).

3. Observe what learners do during free time. Most of us engage in activities that we find reinforcing when we have some spare time. Specialists should take note of what learners do during free time.

4. Narrow the list of reinforcers by asking for “forced choices.” If lists of 10 or more reinforcers are generated, narrow them by asking questions that require forced choices. For example, ask “If you had to choose between your favorite magazine and your favorite music tape, which one would you choose?” Show pictures of reinforcers if learners cannot respond to verbal or signed communication. Then, observe for learners’ choices. Repeat this process until learners have selected a short list of four to six reinforcers.

Module 11 Progress Check D

Respond to the items below, then check your answers with those in Appendix A.

1. Name four of five cautions concerning use of point systems.

2. Name three of the six features of praise.

3. Name one of the two cautions concerning the use of activity reinforcers.
Module 11: Strengthening Positive Social Behaviors

Read the following praise statements, then, write a more descriptive statement in the space provided. Provide your own situation and context.

4. “Great job Flora!” _________________________

5. “Hey, I liked that, Sarah.” _________________________

6. Name four ways to identify reinforcers:

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

   End of Progress Check D, Resume Module 11

What Are Behavioral Interventions?

A behavioral intervention is a systematic set of procedures designed to change behavior (Salzberg et al., 1993). It may be a set of procedures to increase behavior or to decrease harmful/disruptive behavior. Many interventions combine procedures designed to increase a positive social behavior while decreasing a harmful/disruptive behavior. Five guidelines for applying interventions (Salzberg et al., 1993) are described below.

1. All interventions should include positive consequences for appropriate behavior. Even when the emphasis is on decreasing harmful/disruptive behavior, the specialist must provide equal or greater attention to increasing appropriate behaviors of learners.

2. Specialists should describe the intervention and its procedures to all individuals who work with the learner. Communication among specialists, service coordinators, and paraprofessionals who will use an intervention is essential to its success.

3. Learners should play a large part in developing their own interventions. Learners are more likely to take responsibility for their behaviors when they are actively involved in interventions. They can help by:

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• selecting reinforcers,
• assisting in developing the monitoring system used to keep track of their behavior, and
• setting criteria for success.

4. The expectations of learners must be achievable. If specialists set expectations too high, learners are likely to become frustrated. If specialists set expectations too low, learners may become bored. Specialists should set initial expectations to provide learners with success. If learners are initially successful, specialists can gradually change so that they eventually match expectations of others.

5. All interventions must be applied only to specific and well-defined behaviors. We described the importance of specifying and defining behaviors earlier in this module.

NOTE TO THE READER: The effectiveness of behavioral interventions are often assessed by using recording procedures such as frequency counting or percent of correct responses. We describe recording procedures in Module 8. Specialists will use some of these recording procedures in the remainder of this unit. If necessary, review these procedures at this time.

Preparing to Start Interventions
Here are three steps to follow when preparing to start an intervention:
1. Select the most appropriate recording procedure for the specified behavior. That is, decide whether the behaviors to increase and decrease should be recorded using percent correct, counting events, or another procedure. Refer to Module 8. Here are some ways that common behaviors are often recorded:
Module 11: Strengthening Positive Social Behaviors

Behaviors to Increase

| Following instructions, asking for help when needed, requesting assistance, returning from an activity on time, arriving at an activity on time, being appropriately dressed, standing an appropriate distance from someone while talking, using appropriate voice tone/volume, appropriately greeting people, ignoring complaints or teasing, etc. | Percent correct (example: instructions followed divided by total instructions given). To record using percentage, the behavior must be one that can occur appropriately (+) or inappropriately (-). Then, divide all “+” by the total (+ plus -) to get the percentage correct. |
| Using social amenities (such as “please,” “thank you,” etc.), volunteering to help, expressing appreciation, complimenting/praising others, etc. | Counting events (frequency). (Example: count total social amenities per day). |

Behaviors to Decrease

| Noncompliance with instructions, failing to accept correction, being “off-task,” arriving late for an activity, failing to follow work rules, inappropriate voice tone/volume responding to inappropriate solicitations from others, etc. | Percent (example: observations of “off-task” divided by total observations of “off-task” and “on-task”). To record using percentage, the behavior must be one that can occur appropriately (+) or inappropriately (-). Then, divide all “-” by the total (+ plus -) to get the percentage. |
| Physical or verbal aggression, threatening, obscenities, property destruction, tantrums, theft, leaving an area without permission, inappropriate verbal remarks, self-injury, suicidal gestures, etc. | Counting events (frequency). (Example: count total incidents of verbal aggression per month). |

2. Observe and record the behavior. Observe the behavior you want to increase or decrease, and record its occurrence. If possible, observe and record the behavior for at least three sessions before starting an intervention.

---

1 As you review this list of behaviors and recording procedures, you may find that some behaviors can be measured in different ways. For example, some behaviors for which we might recommend counting (such as tantrums) may last for an extended period and be very intense. To count “one occurrence” seems inaccurate. In this case, we may decide to time the behavior, i.e., determine its duration. Also, we may want to rate the intensity.
3. **Graph the data during baseline and during intervention.** After recording the behavior, graph it to gain a visual “picture” of what is happening. Graphs show whether behavior is changing over time. By graphing data during baseline, then comparing baseline data to intervention data, specialists can find out whether the intervention is changing the behavior. Specialists should record and graph at least three sessions of baseline before starting an intervention (unless the harmful behavior is quite dangerous, then a shorter baseline may be necessary). Specialists may want more than three sessions if the behavior is extremely variable (i.e., if it ranges from high to low and no pattern is emerging). After the baseline graph establishes a pattern of the behavior, start the intervention, maintain the graph, and examine the graph to determine whether the intervention is having the desired effect.

**Formal and Informal Interventions**

We will describe behavioral interventions as formal or informal. **Formal interventions** are those that include punishment procedures. They must be written and approved according to state agency requirements. After a formal intervention is developed with the learner, it is presented to appropriate persons for approval. Specialists using formal interventions must have extensive training. These interventions will not be discussed here because their use depends on each state’s or agency’s regulations and on completion of training. Consult your instructor or supervisor for more information.

**Informal interventions** are those that usually do not require approval based on state agency requirements. They may be simple agreements between a specialist and learner about changing behavior. They take the form of “if you (behave this way), then you can (get some type of reinforcer).” Sometimes, these agreements are developed in the form of behavior contracts (Sulzer-Azaroff & Mayer, 1986). Contracts can be written or tape recorded. The learner should be able to understand all aspects of the contract, and sign the contract (or somehow indicate agreement). See a sample, written behavior contract below.
Behavior Contract for Margo
Disruptive Behavior: Complaining
Alternative Behavior: Using regular voice tone and acceptable language

I, Margo Smith, understand that my specialist and supervisor would like for me to participate in community activities without complaining. Shelly (specialist) and Eric (paraprofessional) understand that I sometimes have concerns and must talk about them. Shelly and Eric agree to listen to all of my concerns if I use regular voice tone and good language. Also, they will meet with me for 30 minutes on Monday to talk about my concerns. Shelly or Eric will make a note when I complain. If I complain less than three times per week (from Monday through Thursday), I can choose an activity for Friday. Also, if I complain less than three times each week for two weeks in a row, Eric will take me to lunch. If I complain three or more times from Monday through Thursday, I must spend Friday at home.

We have read this contract and understand it. We agree to meet at least once per month to review it.

Signed:
_________________________  Margo
_________________________  Shelly
_________________________  Eric

Date:______________________
Module 11 Discussion Activity: Reviewing the Policy

NOTE TO THE READER: The following exercise may apply to you if your organization is governed by state agency policies or other accreditation guidelines.

Most state agencies and accreditation councils that monitor services to persons with disabilities have policies regulating the use of behavioral intervention procedures. The regulations set up a structure to protect people with disabilities from unknowingly participating in some interventions that might be considered too intrusive or restrictive. The policies may refer to “behavior management,” “behavior modification,” “punishment procedures,” or “aversive/intrusive/restrictive procedures.” If your program is regulated in this way, locate your state’s policy and discuss these issues:

• How does the policy affect you, the specialist, as you do your job?
• Based on the policy, what guidelines should be followed to avoid violating the policy?
• Does the policy seem to protect the legal and human rights of learners?
• Does the policy seem to protect the right of learners to receive needed treatment?

Applying Informal Interventions

Let’s examine five informal interventions that may be useful for learners with whom you work².

<table>
<thead>
<tr>
<th>FIVE INFORMAL INTERVENTIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Increasing alternative communication.</td>
</tr>
<tr>
<td>II. Increasing alternative ways to get attention.</td>
</tr>
<tr>
<td>III. Delivering positive reinforcement for the absence of disruptive behavior.</td>
</tr>
<tr>
<td>IV. Mixing “easy” and “hard” expectations.</td>
</tr>
<tr>
<td>V. Debugging the environment to promote appropriate behavior.</td>
</tr>
</tbody>
</table>

² We have elected to refer to interventions by the procedures carried out by the specialist. More technical terms are Differential Reinforcement of Communication (Intervention I), Differential Reinforcement of Alternative Behavior (Intervention II), Differential Reinforcement of Other Behavior (Intervention III), Behavioral Momentum (Intervention IV), and Environmental Engineering (Intervention V).
Intervention I: Increasing alternative communication. Many of our behaviors function to communicate information. Verbal statements, facial expressions, and gestures tell others what we want. Communicating information is a critical skill. Unfortunately, it is a skill with which many learners have little experience. When some learners try to communicate frustration or anger, the behavior is harmful and disruptive because it appears explosive, aggressive, or dangerous. If we concentrate on decreasing these harmful/disruptive behaviors without increasing alternative communication, we may leave learners with no way to communicate. This intervention focuses on increasing positive, alternative ways to communicate (O'Neil & Reichle, 1993). To implement this intervention, follow these steps:

1. Meet with the learner to find out what messages the learner is trying to communicate. The learner may be trying to say "I need a break," "This task is too hard," "I need a drink/snack," "It's cold; I need a jacket," "It's hot," etc.

2. With the learner’s assistance, agree on a message (a verbal statement, manual sign, or other communication) that you and others will accept as a positive, alternative form of communication. Agree that, when the learner uses this form of communication, you and others will act upon it by either granting the request or offering an alternative.

3. When the learner uses this message, respond by granting the request (example: “OK, let’s work on an easier task for awhile”) or by offering an alternative (example: “Thanks for asking nicely. Let’s work on an easier task”).

4. If the learner uses harmful/disruptive behaviors to communicate (such as a loud voice, obscenities, tantrums, etc.) try to redirect the learner. That is, direct the learner to return to the task until he is ready to use the agreed-upon message. Be careful not to grant the request while the learner is still behaving in a harmful or disruptive way.

Example of Intervention I: Every time Terry got frustrated with a difficult task (such as washing dishes) she screamed and cussed loudly. Terry and her specialist, Shaunna, decided that the appropriate message Terry should use was, “I need help please.” Terry agreed to seek out Shaunna to ask for assistance using this message. On the first day of the intervention, Shaunna reminded Terry of the message. However, Terry became frustrated and forgot the message. Shaunna told Terry to “go back to washing dishes until you can say ‘I need help please’.” Terry immediately blurted “I need help please,” using a loud and angry tone. Shaunna responded by saying “OK, Terry, I can see you are frustrated. Tell me again in a normal voice.” Terry took a deep breath, paused, and repeated, “I need help please.” Shaunna immediately provided assistance. Over time, Terry used the message more consistently with Shaunna and others.
Module 11: Strengthening Positive Social Behaviors

**Intervention II: Increasing alternative ways to get attention.** Some learners may get attention from others by behaving in disruptive ways. Intervention II involves decreasing these attention-seeking behaviors while increasing more appropriate ways to get attention. This involves reinforcing an appropriate behavior while ignoring the disruptive, attention-seeking behavior.

**CAUTION:** Ignoring disruptive behavior may initially cause it to increase. Therefore, ignoring should only be used when the behavior is not dangerous or harmful. To carry out this intervention, follow these steps:

1. **Meet with the learner to find out why attention is needed.** Does the learner want to work with someone else? Does he want an opportunity to talk about something?

2. **Agree on a way that the learner could seek out attention that everyone will accept as an appropriate alternative** (e.g., saying, “Can I talk with you now?”). Agree that, when the learner uses this form of attention-seeking, everyone will try to provide attention or offer an alternative.

3. **When the learner uses the appropriate form of attention-seeking, provide attention or offer some alternative** (e.g., “Thanks for asking nicely. I’m busy right now, but I could talk with you in five minutes.”).

4. **If the learner uses disruptive behavior to get attention, try to ignore it.** However, if the behavior becomes dangerous or harmful, redirect the learner to another task until he is ready to use the agreed-upon message. Be careful not to deliver too much attention while the learner is still behaving in a disruptive way.

*Example of Intervention II: Gary interrupted a paraprofessional (Carla) by tugging on her arm to gain her attention. Gary, Carla, and the specialist decided that Gary should wait for Carla to finish her conversation, then say “Excuse me, Carla, may I talk with you?” with his hands at his side. When he did this, Carla would talk with him. Gary and Carla practiced these behaviors as the specialist watched. If he interrupted or touched Carla, she would walk away, gently but consistently ignoring his pleading and touching. On the first day, Gary forgot and interrupted Carla twice. On the second day, he asked appropriately once, but interrupted her three times. At this point, the specialist and Carla met with Gary for additional practice. After that, he still needed occasional reminders, but generally, asked Carla appropriately.*

Ignoring a behavior eventually makes it decrease, but at first, it may increase! If a disruptive behavior increases, it may become harmful. Also, someone who does not understand the intervention may accidentally pay attention to the behavior. This makes the behavior harder than ever to decrease!
Module 11: Strengthening Positive Social Behaviors

Intervention III: Delivering positive reinforcement for the absence of disruptive behavior. Sometimes learners develop habits that are difficult to break. For example, learners with autism may engage in “self-stimulatory” behaviors, such as waving their arms or rocking back and forth. These and other behaviors may be considered disruptive because they serve no useful purpose. One effective way to change these disruptive behaviors is for specialists and others to deliver positive reinforcement when the disruptive behaviors do not occur. That is, specialists and others may provide reinforcement according to a time schedule as long as the disruptive behavior does not occur, or X minutes after the last occurrence. To carry out this intervention, follow these steps:

1. **Meet with the learner to describe the behavior you want to decrease.**
2. **With the learner’s help, identify positive reinforcers.**
3. **Decide how you will deliver the positive reinforcer if the disruptive behavior does not occur.** This can be done in two ways:
   - Deliver the reinforcer when a specified amount of time has passed after the last disruptive behavior, such as 60 minutes after the last disruption.
   - Deliver the reinforcer according to time intervals if the behavior does not occur, such as every 60 minutes if the behavior has not been observed.
4. **If the learner engages in the disruptive behavior, try to ignore it.** However, if the behavior becomes harmful, redirect the learner to return to the task. Be careful not to deliver too much attention while the learner is still behaving in a disruptive way.

**Example of Intervention III:** Celia sometimes rubbed the back of her head rapidly. Rubbing her head did not appear to communicate a message, nor did Celia do it for attention. However, it interrupted her activity and caught the attention of people in the community, so it was considered disruptive. Her specialist (Doug) noted that Celia enjoyed listening to music during free time. When Doug met with Celia, they agreed that she could listen to her favorite music as long as she did not rub her head. When she rubbed her head, Celia agreed to turn off the music. If she did not turn it off, Doug would approach her, say “I’m sorry, but we agreed that the music must be turned off if you rubbed your head.” The music was turned off for 15 minutes. If no additional rubbing occurred in 15 minutes, the music was turned on again. If more rubbing occurred, the music remained off for another 15 minutes. The intervention decreased head-rubbing from four times per hour to less than once per hour.

Intervention IV: Mixing “easy” and “hard” tasks. Most of our daily routines involve both easy and hard tasks, or preferred and nonpreferred activities. If we do all the easy tasks first, we lose motivation to do the hard ones. Few of us do the hard ones first and the easy ones last!
Many of us naturally mix the easy and hard ones to maintain motivation and avoid a long series of hard tasks. Specialists can help learners do the same thing. To carry out this intervention, follow these steps:

1. **Meet with the learner to identify the easy (preferred) tasks and the hard (nonpreferred) ones.**
2. **With the learner’s assistance, identify a positive reinforcer.**
3. **Describe how you will deliver the positive reinforcer after the hard task.** Make it clear that a sequence of tasks must be completed: an easy one followed by a hard one. (After a reinforcer is delivered, the learner should resume with an easy task.)
4. **If the learner makes progress using this intervention, change the schedule of reinforcement.** That is, after success on one easy-hard sequence, go to a sequence of easy-hard-easy-hard (two cycles). If the learner continues to make progress, change to easy-hard-easy-hard-easy-hard (three cycles). With continued progress, change to a random (unpredictable) sequence, such as easy-easy-hard-easy-hard-hard. Eventually, change the schedule so that tasks are sequenced in a way that the job calls for.

**Example of Intervention IV:** Rita lived in her own apartment. Her specialist (Janice) worked with Rita on several home living tasks, including toothbrushing, combing hair, and dressing (pulling pants on). Rita disliked pulling her pants on, because it was difficult to do while sitting in her wheelchair. After toothbrushing and combing hair, she would scream, yell, and throw herself to the floor in her wheelchair to avoid dressing. She and Janice met to discuss a behavioral intervention. Janice described how he would allow Rita to choose between toothbrushing and hair combing as the first task of the sequence. After completing the first task, Rita would then choose the pants she wanted to wear and put them on. Next, Rita would listen to her favorite music while performing the third task: either brushing her teeth or combing her hair. Rita screamed the first two days of the intervention, then discontinued screaming altogether.

**Intervention V: Debugging the environment to promote appropriate behavior.**

Occasionally, learners behave in harmful or disruptive ways because of factors in the environment. For example, busy, noisy environments may increase harmful/disruptive behaviors. Also, interacting with a disliked person, participating in activities in hot/cold settings, or learning boring tasks may increase harmful/disruptive behaviors. Effective specialists watch for these factors and “debug” environments to promote appropriate behaviors.

**Example of Intervention V:** Michael was a youth with autism. His paraprofessional (Shalisa) was delivering instruction to Michael in how to make purchases at a supermarket. When Michael and Shalisa entered the supermarket, Michael engaged in squealing, jumping, hand-biting, and waving his hands up and down. Because Michael had no verbal skills and limited sign language, he could not tell Shalisa why he was so excited. The
specialist was called to observe Michael's behavior, and discovered that he was reacting to new vending machines placed in the front of the store. When the specialist asked Michael if he was excited about having a soda, he signed "yes, I want a drink." The specialist de-bugged the environment by arranging for Michael and Shalisa to enter the supermarket through the rear entrance. Also, she set up a point system so that Michael could earn a soda after the instructional session if he did not squeal, jump, bite his hand, or wave his arms. Eventually, Michael and Shalisa used the main entrance of the supermarket.

**What Should I Do When I Run Into Problems?**

The following “troubleshooting guide” may help you when using informal interventions with learners.

<table>
<thead>
<tr>
<th>Problem</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the intervention is started, the behaviors do not increase or decrease.</td>
<td>First, re-examine the function of the behaviors. Could the behaviors have a different function? Do they have multiple functions? If so, identify alternative, appropriate behaviors that have the same function(s). Second, identify and use more powerful reinforcers. Third, find out whether the antecedent for the expected behavior is clear and distinct.</td>
</tr>
<tr>
<td>A harmful behavior decreases, but the alternate behavior does not increase.</td>
<td>Find out whether the learner can display the alternate behavior. If not, identify another one. Examine whether the alternate behavior fulfills the same function as the behavior being decreased. If not, identify an alternate behavior that fulfills the same function.</td>
</tr>
<tr>
<td>The alternate behavior increases, but the harmful behavior does not decrease.</td>
<td>Re-examine the function of the behavior you want to decrease. Could the behavior have a different function? Does it have multiple functions? If so, identify other behaviors with the same function(s). Use Intervention III (Delivering reinforcement for the absence of disruptive behavior).</td>
</tr>
<tr>
<td>The harmful behavior decreases, but not consistently.</td>
<td>Ensure that everyone is using the intervention consistently. Identify an appropriate, alternative behavior to increase. Start generalization training for the appropriate, alternative behavior (see Module 10).</td>
</tr>
<tr>
<td>ALL of the problems listed above this one!</td>
<td>Contact your supervisor or specialist within your organization. They may have specific procedures to solve the problem, and those procedures may be different from the ones suggested here. If not, then use this troubleshooting guide.</td>
</tr>
</tbody>
</table>
Strengthening Positive Social Behaviors of Children

Generally, behavioral intervention for children should follow the same principles, specification procedures, reinforcement identification methods, and guidelines. In addition, the five informal interventions described in this module apply equally well for children. The literature on behavioral intervention is replete with information to guide the specialist in implementing procedures for strengthening positive social behaviors of children (e.g., Koegel, Koegel, & Dunlap, 1996; Sloane, 1988). Some differences between interventions for adults and interventions for children are described below. First, parents/guardians are usually more involved in children’s behavioral interventions. Parents/guardians may even be trained by the developmental specialist to implement interventions in the home setting. Second, types of positive reinforcers must be geared to the interests of specific children who are participating. Third, behavior contracts, if used, should use language that children can understand. Sometimes pictures can be substituted to show the agreement between the adult(s) and child. Fourth, the interventions themselves must be modified to match the needs of children. In some cases, different interventions are used, such as redirection (i.e., diverting a child’s attention away from something upsetting to something more interesting) or timeout from positive reinforcement (i.e., temporarily withdrawing positive reinforcement or excluding the child from the environment with positive reinforcement). For more information, see the references above or the list of additional resources at the end of this module.

Crisis Intervention Procedures

Some learners react to stress by displaying frustration, anger, or defiance. The best way to deal with emotional behaviors is to prevent them before they occur. The interventions described in this module are designed to do just that. However, there may be occasions when emotional behaviors occur. We will discuss some ways to deal with highly charged emotional behaviors in community settings. We will limit our discussion to verbal and nonverbal communication strategies to use when confronted with a crisis. Specialized training is necessary for nonviolent physical intervention and self-defense. Check other sources for expert information (e.g., Colvin, 1990; National Crisis Prevention Institute: NCPI, 1994).

Levels of a crisis and how to respond. It is important to recognize different levels of a crisis. We will describe three levels: escalation, challenge, and assault (NCPI, 1994). What the specialist does depends on the level of the crisis.

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Escalation. At this level, learners are angry, anxious, and confused. They may become loud and defiant. They may ask questions about the event that triggered their anger (example: “what do you mean I can’t go to McDonald’s today?”), or try to “hook” the specialist into the argument, which further escalates the situation. For example:

Learner: “You lied to me.” (The hook.)
Specialist: “No I didn’t.” (Specialist gets hooked.)
Learner: “Yes you did!” (Situation escalates.)

How to respond to escalation. First, do not get hooked into an argument. Avoid becoming defensive. Do not “point the finger” by using the word “you” (example: “Tyler, I told you that you had to finish this training and you didn’t do it”). Instead, offer space and support. Offering physical space means providing learners at least three to five feet of “operating room.” Do not move within an arm’s length of argumentative learners. If you do, they may further escalate. Maintain an open body stance. Look as relaxed as possible. Speak in a calm, neutral voice tone. Reflect on the learners’ emotion. Try to be supportive and empathetic. For example:

“Jill, I can see that you’re upset. You must be very frustrated.” or “Michael, this has really made you angry, hasn’t it?”

Statements like these dissolve the barriers between you and learners. These statements let learners know that you are trying to understand their emotions.

Challenge. At this level, learners are belligerent and aggressive. They are not likely to respond to reason and logic. For example:

Learner: “You lied.”
Specialist: “I was only trying to explain why your paycheck is late. But I didn’t lie.”
Learner: “Yes, you did, you dirt bag!”

At this point, emotions are driving learners’ behavior. The only way they see to get out of the situation is to fight.

How to respond to challenge. First, try the procedures described above (how to respond to escalation). However, these procedures may be less effective at this level, because the learner may not interpret your supportive actions in a logical way. Second, reduce the intensity of the situation.
by eliminating the audience. Tell onlookers to “please leave now.” Deliver direct instructions to
the learner in a neutral voice tone (example: “Kevin, you need to come with me now”). When
possible, offer limited choices (example: “Kevin, you need to come with me now or go outside for
a few minutes.”). If possible, ask others for help. Try to call for help using a neutral tone. If the
crisis involves two or more learners who are fighting, get assistance first. Then, separate them and
escort each individual to a different location. Never step into the middle of a fight to separate
combatants.

**Assault.** At this level, people attack! They may not assault others specifically to injure them,
but they have run out of alternatives. They want to get out of the situation immediately.

**How to respond to assault.** If possible, arrange for learners to get out of the situation
immediately! Constructive, logical solutions are unlikely, so offer an “exit” (example: “Kevin, go
outside right now. I’ll meet you there in 5 minutes.”). Increase the physical space around the
learner. Sometimes, *any* conversation will escalate the situation, so it may be best to say nothing at
all. Beyond these procedures, it may be necessary to defend yourself or restrain the individual to
prevent injury. Your primary objective is to ensure the safety of all persons involved. For training
in nonviolent physical intervention and self defense, talk to your instructor.

**Module 11 Progress Check E**

Respond to the items below, then check your answers with those in Appendix A.

1. Camillia frequently lost her temper. Her specialist counted her tantrums and found out that
Camillia had averaged five tantrums per day. Camillia and her specialist met to discuss the
problem. They decided that if Camillia had no tantrums for a week, she could earn the “learner
of the week” award. In the first week of the intervention, Camillia’s tantrums increased to 12
per week. Describe the guideline that was not followed?

2. What are the three levels of a crisis confrontation?

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3. T  F  The best way to deal with violent behaviors is to prevent them before they occur.

4. The following situation involves a learner (Randy) who confronts his specialist. Play the role of his specialist. Identify the level of emotional behavior in each of the two passages, then indicate what you would say and do.

Randy: "Leave me alone! I know how to do this, so just bug off! I was doing fine until you got here!"

Level of emotional behavior: ________________________________

What would you say? __________________________________________

What would you do? __________________________________________

Randy (screaming): "F--- you! I oughta kick your ass! I'm telling your boss to fire you!"

Level of emotional behavior: ________________________________

What would you say? __________________________________________

What would you do? __________________________________________

_________________________End of Progress Check E, Resume Module 11_________________________
Module 11 Application Exercise: Strengthening Positive Social Behavior

NOTE TO THE READER: This exercise requires that specialists specify and define behaviors, identify reinforcers, collect baseline data, and implement an intervention to change a learner’s behavior. Use an alias to maintain confidentiality of the learner.

1. Identify a learner with whom you work (or with whom you have worked in the past). Use initials or an alias to protect confidentiality. For your selected learner, specify and define two behaviors: a harmful/disruptive one and an appropriate, alternative one (see #3 below).

2. Describe your plans to the learner. Ensure that the learner is informed and understands the purpose and nature of the exercise. Check with your instructor and/or program supervisor to ensure that they approve of your selected learner’s participation.

3. Specify and define a harmful/disruptive behavior of the learner (one that you would want to decrease). Next, specify and define an alternative behavior for the learner. Use the Behavioral Assessment Form in Appendix H. Be prepared to discuss the harmful/disruptive and alternative behaviors with your instructor and other specialists.

4. Identify five potential reinforcers. Following the procedures described in this module, list at least five potential, positive reinforcers in the blanks below and indicate how they were identified.

<table>
<thead>
<tr>
<th>Potential Reinforcer</th>
<th>How was it identified?</th>
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5. Review the steps and guidelines for implementing interventions described in this module.

6. Check your state’s and agency’s policies and carefully follow all procedures.

7. Specify and define a harmful/disruptive behavior (one that you want to decrease) and an appropriate alternative behavior (one that you want to increase).

8. Fill out the Behavioral Assessment Form in Appendix H.

9. Select a recording procedure for each behavior. If you have questions about which recording procedure to use, talk to your instructor. Observe and record behavior in at least three baseline sessions and graph data on each behavior. Use sample graphs in Appendix G. If possible, discuss baseline data with your instructor before starting the intervention.

10. Start one of the five informal interventions. Continue to graph the data on this behavior, as well as the harmful/disruptive behavior you wish to decrease. Discuss the intervention with your instructor, and be prepared to describe ways to troubleshoot the intervention if it is not effective. Also, be prepared to demonstrate your skills using this intervention with your instructor or direct supervisor.

References


Module 11: Strengthening Positive Social Behaviors


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Listing of Additional Resources


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Overview

This module addresses topics related to supervision of paraprofessional staff who provide direct services to learners with disabilities. After reading this module, the specialist will

- describe the specialist's role in supervision,
- delineate roles and responsibilities of the supervisor and paraprofessional in the Developmental Disability Agency,
- describe seven steps of the assertive communication approach to enhance the supervisory relationship, and
- identify one or more ways to solve supervision problems when they occur.

Key Terms in Module 12

- **Paraprofessionals**: Direct staff who help people with special needs. An aide or therapy technician who is qualified to assist professionals in providing services.
- Five types of interpersonal communication problems:
  - **Miscommunication**: One person misunderstands another person’s meaning.
  - **Disagreement**: Two or more people express different views on a subject.
  - **Refusal of a request**: One person makes a request that another person denies.
  - **Imposition**: One person, because of authority or knowledge, tries to impose a point of view on another person.
  - **Excessive criticism**: One person repeatedly criticizes the characteristics or actions of another person.
- **Assertiveness**: Standing up for one’s rights while still respecting the rights of the other person(s).
- **Passiveness**: A submissive style of interaction in which one does not stand up for one’s rights but allows others to dominate.
- **Aggressiveness**: A domineering style of interaction in which one tries to manipulate or coerce others.
A Specialist’s Role in Supervising Paraprofessionals

Most specialists enter human services because they want to help people with special needs, or because they thrive on watching learners become as independent as possible, or because they desire to teach. Do any of these motives describe your situation? As they establish themselves in the helping profession, specialists are often promoted to supervisory roles. Suddenly, and often with little preparation, they find themselves monitoring the activities of direct staff who help people with special needs, i.e., paraprofessionals.

Understandably, specialists are sometimes hesitant to assume the role of supervisor for paraprofessionals. The supervision role is inconsistent with their primary motive for working in human services. Moreover, specialists often receive little or no training in supervision. When paraprofessionals sense specialists’ reluctance to supervise, they too begin to view supervision with disaffection - something to tolerate only because it has to be done.

We find these circumstances unfortunate and take the position that effective supervisors become leaders who strengthen services to learners. When specialists provide frequent feedback to paraprofessionals, and when that feedback is predominately positive and specific, it reinforces the skills of paraprofessionals and builds self-esteem. Corrective feedback is taken at face value. The correction is made and the specialist-paraprofessional relationship is unscathed. As relationships develop, specialists invite similar feedback from paraprofessionals. Openness and honesty lead to development of trust, and relationships strengthen. Both parties share information about the performance of the other, and both continue to grow as effective service providers. Occasional criticisms are not viewed as catastrophic blows to the relationship but as opportunities to improve effectiveness. Key ingredients to establishing effective leadership and engaging paraprofessionals as active participants include (a) understanding each other, (b) clarifying roles and responsibilities, communicating effectively, and (c) preventing predictable problems before they occur. The remainder of this module discusses these issues in detail.

Delineating Roles and Responsibilities

Clarifying roles and responsibilities is critical to efficient and effective service delivery. Lack of clarity manifests itself in potentially serious problems. For paraprofessionals, lack of clarity lends
itself to situations in which they either overstep their bounds or hesitate to take responsibility. For specialists, it lends itself to situations in which paraprofessionals assume too much or not enough authority. For administrators, it creates potential liability problems. Indeed, clarifying roles and responsibilities is critical to organizational management.

According to the Idaho Administrative Code, IDAPA 16.04.11, Section 900, paraprofessionals work under the supervision of a Developmental Disabilities Professional, such as a Developmental Specialist. As supervisors, developmental specialists have two primary responsibilities. First, they must meet with paraprofessionals on a weekly basis or more often, if necessary, to give instructions, review progress, and provide training on programs and procedures. Second, they must also observe and review the work performed by the paraprofessional at least once monthly. Specialists must assure that the paraprofessional has adequate training and demonstrates skills to correctly implement programs. See Section 902 on types of training that must be delivered. Discuss relevant training requirements with your instructor and supervisor.

Roles and responsibilities typically reserved for specialists. What are the more specific roles and responsibilities of specialists? Although roles may vary within different Developmental Disability Agencies, tasks for which specialists usually maintain primary responsibilities include:

- Conducting developmental evaluations,
- Analyzing and compiling developmental evaluation data,
- Writing developmental evaluation reports,
- Writing recommendations based on developmental evaluation data,
- Writing behavioral objectives based on recommendations from developmental evaluation data,
- Establishing Individual Program Plans (IPPs),
- Writing Instructional Programs for IPPs,
- Writing Behavioral Intervention Plans for IPPs,
- Consulting with other professionals regarding learners’ problems,
- Attending (and serve as chairperson for) IPP meetings, and
- Meeting with paraprofessionals to review learner performance and to provide feedback to paraprofessionals on the quality of their direct service.
Roles and responsibilities typically performed by paraprofessionals. Again, tasks vary within Developmental Disability Agencies, however, tasks for which paraprofessionals generally maintain primary responsibilities include:

- Carrying out individual or group instruction activities with learners,
- Documenting results of instructional activities,
- Carrying out behavioral intervention programs with learners,
- Reinforcing learned skills through individualized or small group practice,
- Summarizing data from instructional or behavioral programs,
- Meeting with specialists to review learner performance.

Exclusions: Roles and responsibilities that paraprofessionals should NOT perform. Pickett (1981) lists activities that paraprofessionals must avoid due to training, certification/licensure, or district/state policy requirements. These activities include analysis of standardized test results, preparing IPPs/ISPs, and taking full responsibility for supervising/planning learners' activities. Paraprofessionals who perform these activities may violate regulations or place themselves and their Developmental Disability Agency at risk for liability problems.

Understanding Job Descriptions

Most Developmental Disability Agencies will have written job descriptions for specialists and paraprofessionals. Understanding one’s job description is a necessary first step to clarifying roles and responsibilities. Vasa and Gerlach (1992) present several questions to address in regards to one’s job description:

- Does the description indicate duties and responsibilities?
- Are qualifications, time and hours, and duration of the position clearly stated?
- Does the description indicate who evaluates and supervises the paraprofessional (and for what responsibilities)?
- Does the job description include sufficient detail about expectations (i.e., what the paraprofessional will be doing and for whom)?
- Is the description of the specialist-paraprofessional relationship sufficiently detailed? Are relationships with other line staff described?
- Is it clear how and by whom the paraprofessional will be supervised?
• Is information included on the method of evaluation to be used?
• Does the job description describe specific paraprofessional training plans (including competencies to be acquired, training goals, or schedules for training sessions).

Module 12 Group Exercise A: Examining Your Agencies' Job Descriptions for Developmental Specialists

NOTE TO THE READER: Find your job description and make a photocopy. If time allows, bring it to the next scheduled training session, share it with your training group, and compare it to those of other specialists. Look for similarities and differences.

Beyond Job Descriptions: Clarifying Potentially Confusing Roles and Responsibilities
Although descriptions of specialists' and paraprofessionals' responsibilities should clarify some activities, circumstances will undoubtedly arise that will create confusion. This is because community environments are lively, dynamic settings with a myriad of different activities, individuals, groups, behaviors, thoughts, emotions, cultures, and backgrounds. We wouldn't want it any other way! See the Workbook Exercise below.

Module 12 Workbook Exercise: Delineating Specific Responsibilities

NOTE TO THE READER: The checklist on the next page allows specialists to work together with supervisors and paraprofessionals to delineate responsibilities. The specialist should fill out the checklist by indicating who is responsible for each activity. The specialist's supervisor should be consulted. The paraprofessional(s) should assist in completing the checklist. List all of the "other" activities so that the checklist is tailored specifically to your situation. Write notes in the space provided regarding specific responsibilities.
### Delineating Specific Responsibilities

Fill in the blank that corresponds with your role to indicate your specific responsibilities. Your designated responsibilities and those of paraprofessionals should be based on information from your job description and on consultation with your supervisor. Some activities are already checked to correspond with IDAPA Rules Governing Developmental Disability Agencies.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Specialist’s Responsibility</th>
<th>Paraprofessional’s Responsibility</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning Instruction</td>
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<tr>
<td>Preparing Instruction</td>
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<td>Scheduling Instruction</td>
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<tr>
<td>Gathering Materials for Instruction</td>
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<tr>
<td>Constructing Assessments of Performance</td>
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<tr>
<td>Completing “Checklist” Assessments</td>
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<tr>
<td>Conducting Standardized Evaluations (norm-referenced tests, etc.)</td>
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<tr>
<td>Scoring Evaluation Results</td>
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<tr>
<td>Writing Task Analyses</td>
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<tr>
<td>Communicating/Interpreting Evaluation Results (and to whom?)</td>
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<tr>
<td>Analyzing Learner’s Performance Errors</td>
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<tr>
<td>Identifying Functions of Learners’ Behaviors</td>
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<tr>
<td>Writing Behavioral Objectives</td>
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### Delineating Specific Responsibilities (continued)

<table>
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<tr>
<th>ACTIVITY</th>
<th>Specialist’s Responsibility</th>
<th>Paraprofessional’s Responsibility</th>
<th>Notes</th>
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<td>Writing IPPs</td>
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<tr>
<td>Writing Behavioral Intervention Plans</td>
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<tr>
<td>Noting Progress on IPPs/ISP s</td>
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<tr>
<td>Attending/Participating in IPP/ISP Meetings</td>
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<td>Communicating with Parents/Guardians</td>
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<td>Communicating with School District Professionals</td>
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<tr>
<td>Communicating with other local professionals (e.g., Service Coordinators)</td>
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<tr>
<td>Delivering Instruction to Teach Skills</td>
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<tr>
<td>Delivering Instruction to Practice Previously Taught Skills</td>
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<td>Other:</td>
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Our Responsibility To Maintain High Ethical Standards

Specialists set examples of professionalism (Vasa, 1983). Perhaps the most important responsibility of each specialist is to maintain high standards of ethical conduct. This section will describe eight ethical principles (Vasa & Steckelberg, 1990) that pertain to specialists, and in turn, paraprofessionals.

Ethical Principle 1: Consider all aspects of a learner’s instruction and behavior management confidential. We must only discuss a learner’s instruction, behavior, progress, limitations, or family situation with the supervising specialist and other authorized personnel - never to others. Three important guidelines are noteworthy:

- We must not release any documents or information about a learner without permission of the Developmental Disability Agency or without prior written permission from the parent or legal guardian.
- We should not discuss one learner’s confidential matters in the presence of other learners.
- We should not discuss confidential matters outside the Developmental Disability Agency. Parents, guardians, and learners have the right to expect information about them will be not communicated to any person who is not involved with that learner.

For more information, see Module 2. If you are unsure what to do, review your organization’s or state agency’s policy on confidentiality.

Ethical Principle 2: Refer important information from parents, guardians, learners, and others that might affect the welfare of a learner to the service coordinator. We must immediately report events to the service coordinator that might be harmful to a learner. The service coordinator, in turn, must report events to appropriate personnel. Consider these two points:

- If events or actions present a direct danger to the learner, immediately report them. This includes information about suicide threats, fights between individuals or gangs, or abuse of drugs.
- If we observe signs of possible physical abuse, physical neglect, or sexual abuse, immediately report them. Every person who provides services to children or youth is required by state laws to report suspected abuse or neglect. This includes signs of physical abuse, physical neglect,
and sexual abuse. According to Houk and McKenzie (1988), specialists and paraprofessionals should be watchful for these signs of physical abuse:

- bruises or welts (sometimes in regular patterns on the face, neck, head, back, thighs, buttocks, or extremities); cigar or cigarette burns (sometimes in inconspicuous places, such as the soles of feet or buttocks); fractures (single or multiple broken bones, sometimes in various stages of healing); lacerations or abrasions; periods of several days without school attendance;

- behaviors such as extreme or consistent unhappiness, anger, destructiveness, withdrawal or isolation from others, abusive behavior towards self or others, constantly seeking attention, or showing no concern about being separated from parents or other care givers.

Specialists and paraprofessionals should be watchful for these signs of physical neglect:

- malnutrition, i.e., undernourishment (severe under-eating); poor hygiene; inadequate clothing for cold weather; injuries that have gone without treatment; poor school attendance;

- behaviors such as fatigue (no energy), use of drugs/alcohol, stealing food or clothing, or reports by the learner of too much child supervision responsibilities at home.

Specialists and paraprofessionals should be watchful for these signs of sexual abuse:

- difficulty walking or sitting; bruises, abrasions, or bleeding in the genital or anal area; swelling of the genital area; complaints of genital pain; recurrent urinary tract infections; torn, stained, or bloody underclothing;

- behaviors such as withdrawal, daydreaming, poor self-esteem, fear of other persons (particularly adults), expressions of shame or guilt, sudden decreases in school performance, or sudden changes toward more immature behavior.

NOTE TO THE READER: Specialists and paraprofessionals may remark that some signs of physical abuse/neglect and sexual abuse are frequently observed in many learners, and may feel overwhelmed about the responsibility to report all cases. Or, they may ask, “How many of these signs must be observed before we make a report?” These are difficult questions to answer. We recommend that you locate
your organization’s policy or state’s law regarding the reporting of abuse/neglect and review it with others in your training group.

**Ethical Principle 3:** Carry out only those activities (such as delivery of instruction or behavioral intervention) for which you are qualified and trained. If specialists and paraprofessionals are not trained or qualified, they should avoid these activities. For example, it’s better to tell someone “I haven’t been trained” or “I’m not qualified to do that” than it is to try something and face the consequences.

**Ethical Principle 4:** Use behavioral intervention procedures only in ways that are consistent with your organization’s or state’s policies. Behavioral intervention procedures can be misused. Misuse of some procedures, like punishment, may be interpreted as physical abuse or neglect. You and your organization may be considered liable if these procedures are misused, or used in ways that are not consistent with your organization’s or state’s policy.

**Ethical Principle 5:** Take responsible action to ensure that the welfare and educational development of learners are first priority. Avoid any activity that might be interpreted as not in the best interests of learners. Consider the following question before any activity with learners:

*If a parent, stranger, or state agency representative were observing right now, could they misinterpret this activity as abusive or in violation of community standards?*

**Ethical Principle 6:** Represent your organization and yourself in a positive and professional manner. Do not express negative opinions of the instructional or administrative practices to others in public. Go directly to the source of your concern, then if necessary, to that person’s supervisor, or bury it!

**Ethical Principle 7:** Treat all learners fairly to ensure that they have maximum opportunities to learn. Avoid favoritism or discrimination. The purpose of our job is to enable all learners to achieve their maximum capability.

**Ethical Principle 8:** Respect the dignity, individuality, and privacy of all learners. If we treat all learners with the respect that we would expect ourselves, they will more likely become productive citizens of an integrated community.

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These eight ethical principles must be followed at all times. There may be other important principles as well. Your organization may have a code of ethics or a list of standards.

Module 12 Progress Check A

Respond to the items below, then check your answers with those in Appendix A.

1. Check the tasks below for which specialists usually maintain primary responsibility.

   Specialists usually:
   - Conduct developmental evaluations.
   - Carry out individual or group instruction activities with learners.
   - Write behavioral objectives.
   - Document results of instructional activities.
   - Reinforce learned skills through individualized or small group practice.
   - Write Behavioral Intervention Plans for IPPs,

2. Check the tasks below for which paraprofessionals usually maintain primary responsibility.

   Paraprofessionals usually:
   - Carry out behavioral intervention programs with learners.
   - Write behavioral objectives.
   - Consult with therapists and other professionals regarding learners’ problems.
   - Carry out individual or group instruction activities with learners.
   - Summarize data from instructional or behavioral programs.
   - Write Behavioral Intervention Plans for IPPs,

3. One evening while shopping at the local supermarket, Stacy (the paraprofessional who works with a youth in Melissa Fogelman’s high school class) was approached by Kyle’s mother. Kyle (the learner) had been involved in a fight on the school bus a few days earlier. The matter had been handled by Ms. Fogelman. Stacy was not present. Kyle’s mother asked Stacy for an
account of the incident. She wanted to know about Kyle’s role, which other students were involved, and why the bus driver returned Kyle to school for an after-school suspension. What ethical principal is involved?

How should Stacy respond?

Principles of Interpersonal Communication
As service providers, we use communication as we teach, talk with other providers, and convey information to parents and others. We communicate verbally and nonverbally. Effective communication is a critical skill for service providers. Our discussion of communication begins with three principles.

THREE PRINCIPLES OF INTERPERSONAL COMMUNICATION:

Principle 1: Problems will be encountered in some interpersonal communications.
Principle 2: Interpersonal communication problems can be solved.
Principle 3: Problems can be solved using an assertive communication approach.

Principle 1: Problems will be encountered in some interpersonal communications
Sometimes problems arise when we communicate. In the Key Terms section, we defined 5 kinds of interpersonal problems that might be encountered, including miscommunication, disagreement, refusal of a request, imposition, and excessive criticism. Here are examples of each:

**Miscommunication:** Mandy, the specialist, and Teresa, the paraprofessional, are having a difficult day. They have already dealt with a temper tantrum, a $5 bill that mysteriously disappeared, and a skinned elbow. Jokingly, Mandy calls to Teresa, “That’s it, Teresa. I give up. I’m taking the rest of the day off. You take over!”

Teresa is busy with a learner, and doesn’t catch the humor in Mandy’s remarks. In front of her learner, she retorts, “Mandy, you can’t do that! I can’t be in charge!”

**Disagreement:** A paraprofessional (Kristine) and a specialist (Carla) have been working with
Brett, a 7-year-old boy with autism. Brett’s harmful behaviors have led Carla to develop an intervention. The intervention is designed to increase positive social behaviors while decreasing harmful ones. While discussing the intervention, Kristine remarks, “We’ll need to give Brett lots of edible treats when he behaves appropriately.” Carla responds, “I don’t think so, Kristine. Edible treats are not natural incentives for Brett. We should set up activities when he behaves appropriately, like music or games.”

Kristine replies, “But he doesn’t like music or games, so they’re not likely to increase his behavior. He likes apple slices. We can gradually eliminate them later.”

Refusal of a request: Bill is a paraprofessional and Shelley is the specialist. On Tuesday morning, Bill catches Shelley as she arrives for an observation.

“Hey, Shelley, I had to reschedule a doctor’s appointment this afternoon at 2:30. I know it cuts into the afternoon, but I hope it’s OK. I really need to find out about my - ”

“I’m sorry, Bill,” Shelley starts, “I need you to cover some programs this afternoon. I have an IPP meeting with Mrs. Matthews. Sorry, I forgot it was scheduled.”

Bill looks surprised. “But Shelley, I - “

“I apologize, Bill,” Shelley interrupts, “but we’re short on staff, and someone has to cover. Please reschedule your doctor’s appointment.”

Imposition: Steve and Angela are specialists. It’s their first day on the job. They’re attending an orientation meeting. “Gee, this is great,” Angela remarks as she organizes her folder, “there’s a lot of training for specialists. I’ve learned so much.”

“Yeah,” replies Steve, “I especially liked the CPR training last week. I’m a lot more confident about what to do in case of an emergency.”

“CPR training?” Angela looks puzzled. “I didn’t receive CPR training.”
“You didn’t?” Steve questions. “Well, then, you’re hardly prepared to start work. You can’t possibly work with learners in the community. I’m surprised they allowed you to come if you don’t even know CPR . . .”

Excessive criticism: Katrina is a paraprofessional and Andrew is the specialist. Katrina, the learner (Lonnie), and Andrew have driven downtown to work on Lonnie’s skills in a department store. Andrew is preparing to observe and assess Katrina’s performance with Lonnie. As Katrina and Andrew review the procedures for the observation and assessment, Lonnie wanders off. He’s disappeared. Where’s Lonnie? He is nowhere in site. Katrina quickly checks the exits of the department store, then walks the perimeter of the store, checking each aisle. The store clerks have not seen him. Katrina tells Andrew that Lonnie is nowhere to be found.

“Katrina, you must carefully watch learners at all times,” Andrew lectures as they hurry through the building. “This is serious. We don’t know if Lonnie ran away, was abducted, or what.”

“I know, Andrew. I’m sorry. I tried to-”

“What will his mother say? What will the director say? You must be more careful. I can’t believe you could do this!”

“OK, Andrew, but-”

“This could cost you your job. All because you weren’t paying attention . . . “

Have you had miscommunications or disagreements? Have you been refused a request? Have you refused a request of another person? Have you been imposed upon, or been criticized excessively?

Principle 2: Interpersonal communication problems can be solved. Even the toughest problems can be solved. Solving problems takes a structured approach and lots of practice. This leads us to the third principle of interpersonal communication:
Principle 3: Problems can be solved using an assertive communication approach.

The assertive communication approach takes the basic perspective that you should stand up for your rights while respecting the rights of others (Wolpe & Lazarus, 1966; Lazarus, 1971; Alberti & Emmons, 1970). This approach states that, in order to be understood, you must first understand others. It requires knowing your rights and your responsibilities. For example:

<table>
<thead>
<tr>
<th>Your rights</th>
<th>Your responsibilities</th>
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<tbody>
<tr>
<td>√ You have the right to express your opinions or feelings.</td>
<td>√ You have the responsibility to be aware of the opinions/feelings of others.</td>
</tr>
<tr>
<td>√ You have the right to be free from manipulation.</td>
<td>√ You have the responsibility to respond to manipulation. No one manipulates you unless you allow them!</td>
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</table>

Assertiveness is different from both passiveness and aggressiveness:

- Passiveness is a submissive style of interaction in which one does not stand up for one’s rights but allows others to dominate.
- Aggressiveness is a domineering style in which one tries to manipulate others.

Consider the following three interactions between specialists.

1. Ron: “Janet, can you make copies of these ISPs for me before the next meeting?”
   Janet (the passive response): “Well, I’m scheduled to be across town right now. But I guess I could try to squeeze it in. I’ll have to leave the learner unsupervised, but I guess I can do it.”
   Ron: “Hey, thanks, Janet!”

2. Ron: “Janet, can you make copies of these ISPs for me before the next meeting?”
   Janet (the aggressive response): “I’m busy, Ron. Do it yourself!”
   Ron: “Sheesh! You don’t need to be such a grouch.”

3. Ron: “Janet, can you make copies of these ISPs for me before the next meeting?”
   Janet (the assertive response): “Ron, I can’t make copies for you right now. I need to work with a learner. Check with the office staff - maybe they can help.”
   Ron: “Good idea. I think Mrs. Paul is in the office. Thanks!”

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In the third interaction, Janet stood up for her rights, and she respected Ron’s rights. She did not let Ron dominate her, nor did she hurt Ron’s feelings at the expense of defending herself. Instead, she was courteous and respectful. Also, she offered a way to solve the problem (i.e., “Check with the office staff.”).

**Seven Steps of the Assertive Communication Approach**

In this section, the specialist will identify seven steps of the assertive communication approach for solving supervision problems.

<table>
<thead>
<tr>
<th>SEVEN STEPS OF THE ASSERTIVE COMMUNICATION APPROACH:</th>
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<tr>
<td>Step 1: Identify the problem.</td>
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<tr>
<td>Step 2: Brainstorm or identify several possible solutions.</td>
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<tr>
<td>Step 3: Actively listen to the other person.</td>
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<tr>
<td>Step 4: Restate/reflect on the other person’s point of view.</td>
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<tr>
<td>Step 5: State your position using statements that include the word “I,” not “you.”</td>
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<tr>
<td>Step 6: Offer solutions you think everyone might accept.</td>
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<tr>
<td>Step 7: Be persistent!</td>
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</tbody>
</table>

**Step 1: Identify the problem.** How we perceive problems depends on one’s point of view. We should attempt to identify the problem not only from our point of view, but also from the other person’s point of view. Examine the problem from both perspectives. *Example:*

*Monica is a specialist working for Community Integration Services. Valerie is the Paraprofessional. Monica is pleased with Valerie’s performance working with learners in the community. However, day after day, Valerie arrives about 15 minutes late.*

The problem, from Monica’s perspective, is that Valerie is consistently late.

*Valerie has five children, including a 2-year-old whom she must take to the child sitter each morning. Her husband leaves for work at 6 am and is not available to help. Valerie’s 7-year-old, Randy, dawdles through morning routine. When Valerie prompts him to hurry, he takes even longer. Valerie drives the family station wagon, but unfortunately, it doesn’t start reliably in cold weather. Valerie loves her job and admires Monica for her preparation and organization skills.*

The problem, from Valerie’s perspective, is that her morning routine is impossible!
Step 2: Brainstorm or identify several possible solutions. Solutions to interpersonal communication problems usually involve determining what a person needs, that is, what the person requires to be satisfied. Try to identify not only your needs, but the other person’s needs as well. Example:

What Monica needs: Monica needs help getting the day started as scheduled, so she wants Valerie to be at Community Integration Services by at least 8:00 am.

What Valerie needs: Valerie needs help with her morning routine. She needs her job, but feels like she has lost control of the tasks to be completed before she comes to school.

It is important not to rely on one solution. Keep an open mind to alternative solutions. For example, perhaps Valerie could arrange a ride to school for her 7-year-old from a neighbor who could watch him after Valerie leaves. Or, Monica might be able to get assistance from another paraprofessional on mornings when Valerie will be late.

Step 3: Actively listen to the other person. Active listening is not a simple activity. It involves making eye contact, facing the other person, and trying to understand the person’s feelings and needs. Body language is important. An active listener leans forward, maintains an open stance (i.e., avoids crossing arms or legs), and sustains eye contact.

Step 4: Restate/reflect on the other person’s point of view. Restating means repeating what the other person said. Reflecting means paraphrasing the person’s statements while trying to capture the person’s feelings. Examples:

Monica: “Valerie, I need you here at 8 o’clock sharp each day.”

Valerie (restating): “OK, Monica, if that’s what you need, I’ll be here at 8 o’clock each day.” (reflecting) “It sounds like it’s really important to you that I be here on time.”

Restating or reflecting involves trying to capture the other person’s perspective and feelings. Be careful to avoid “pointing the finger” and accusing the other person. Pointing the finger will only make the problem worse. Example:
Monica: “Valerie, I need you here at 8 o’clock sharp each day.”
Valerie (pointing the finger): “Oh, Monica, you just think you control everybody. You’re always trying to boss people around!”

**Step 5: State your position using statements that include the word “I,” not “you.”**
After reflecting on the other person’s point of view, state your position. Use statements that include the word “I.” “I” statements are ways to share feelings with the other person. “I” statements are personal evidence that you are willing to help solve the problem. Others cannot respond aggressively to “I” statements. In fact, the other person will usually reflect on your statements of feelings. Example:

Monica: “Valerie, I feel like I just can’t do it all. I feel like I need help getting things organized. I really need your help.”
Valerie: “Gosh, Monica, I didn’t realize you felt that way.”

**Step 6: Offer solutions you think everyone might accept.** It is difficult to know what solution everyone will accept. Be flexible. If too much emphasis is placed on one solution, you may be disappointed. Offer solutions only as possibilities. Even if the other person does not accept a solution, you are closer to solving the problem than you were before. Example:

Monica: “Well, Valerie, here’s an idea. What if you get up 15 minutes earlier in the morning? Maybe that would help you get here by 8 o’clock.”
Valerie: “Gee, Monica, I’ve tried that. I even got up an hour earlier - at 5 o’clock. I got the kids up earlier, too. My 7-year-old just got slower and slower.”

Notice that Valerie did not accept the solution, but she considered her situation and may begin to participate in solving the problem. At this point, Monica may respond by reflecting on Valerie’s feelings or offering another possible solution. Example:

Monica (reflecting): “Wow, it sounds like things are really difficult for you, Valerie.”
Valerie: “Yeah, I just don’t know what to do.”
Monica (offering another possibility): “Well, here’s another idea. What if you arranged for a neighbor to take your 7-year-old to school. You could take him to the neighbor’s house when you leave with the other kids.”
Valerie: “Hey, Mrs. Powers! She lives just down the block. She takes her kids to the same school, and she leaves later than I do. That just might work!”

Step 7: Be persistent! When trying to solve problems, persistence pays off! Smith (1981) says: “One of the most important aspects of being verbally assertive is to be persistent ... without getting angry, irritated, or loud” (p. 74). Example:

Monica (answering the phone at 7:30 am): “Hello.”
Valerie: “Hi, Monica. This is Valerie. I’m sorry to bother you, but you know my 7-year-old Randy? Well, he won’t go to Mrs. Powers’ house or ride to school with her. He says he doesn’t want to. I guess I’ll be late again this morning.”

Monica: “Valerie, this must be a tough situation for you. I know it’s hard. But I think it’s time to be firm with Randy. I need for you to be at work by 8 o’clock.”

Monica (with noise in the background): “I know, but he won’t go to Mrs. Powers’.”
Monica: “Valerie, I need for you to be at work by 8 o’clock.”
Valerie: “Monica, hold on a minute.” (Turning away from the phone receiver.) “Randy! Randy, come here. Leave your sister alone. Randy! Now listen to me. You’re going to Mrs. Powers’ house right now. Monica? Monica, are you still there? Gee, I don’t know about this, Monica.”

Monica: “Valerie, I need for you to be at work by 8 o’clock.”

Preempting Supervision Problems by Delivering Clear Instructions
Before specialists and paraprofessionals can accomplish assigned duties, they have to understand what is being asked of them. Pickett (1994) notes that the key to giving effective directions is to make sure that specialists and paraprofessionals clearly comprehend what is expected. In giving instructions, it is more effective to tell the paraprofessional what to do instead of what not to do. For example, if a paraprofessional is repositioning a learner in a wheelchair and you say, "Don’t move Daniel like that," the paraprofessional may still not know the correct positioning method. Instead, explain or demonstrate what the paraprofessional should do.

Types of instructions. Effective specialists use four different types of instructions (French, 1994; Pickett & Gerlach, 1997):
FOUR TYPES OF INSTRUCTIONS:


1. **Training** of paraprofessionals often occurs “on the job.” According to French (1997), training instructions should include a theoretical foundation or explanation of what is needed/expected, demonstrations of the required skills, practice of the skills, and feedback on performance. Here is an example of a set of training instructions from the specialist:

   “Christie (paraprofessional), remember when your college class discussed the importance of having learners practice new skills? Well, here’s a situation where Jason needs to practice making coin change so that it becomes a useful skill for him. These are the steps I’d like for you to follow. First, gather ten things around Jason’s house that cost less than a dollar. Second, get the bills and coins from the locked box. Third, introduce the task. You might say, ‘Jason, let’s work on your money skills. You be the cashier and I’ll be the customer...’ Any questions?”

2. **Coaching** occurs on the job while paraprofessionals are working with a learner. During coaching, paraprofessionals practice a skill or procedure while specialists give constructive feedback. Specialists must deliver feedback in a non-threatening and constructive way. This allows paraprofessionals to practice and refine skills in a positive and supportive environment (Pickett & Gerlach, 1997). Here is an example of a set of coaching instructions:

   “Brent (paraprofessional), I like the way you work with Steven. You’ve developed good rapport with him. He looks up to you. Just now I was watching the two of you work on his language program. He did very well and you directed the session nicely. You also praised him for correct pronunciations. I wanted to discuss one issue, though. Twice, he didn’t pronounce a word correctly and you told him the correct pronunciation. Remember that he needs to pronounce the word after you do. Always let him correct his errors. When you get a chance, please go back to those two words with him. OK?”

3. **Delegating** is used when specialists give paraprofessionals responsibility for completing a task. Specialists tell paraprofessionals what is required, what resources can be used, when the task is to be completed, and what criteria will be used to judge successful completion of the task. Here is an example of delegation instructions from a specialist:

   “Monica (paraprofessional), I need for you to cover Heather’s menu program this afternoon. She’s nonverbal, but has been learning to communicate through a picture menu. The menu shows food items that can be ordered at most fast food restaurants. It also shows common requests that she may make. Here’s the picture menu. Take her to McDonald’s. She needs to order lunch herself. Prompt her only if necessary after she places her order. She can do it...”
independently, so be careful not to over-prompt her. Here's the task analysis form and the data sheet... Any questions?"

4. **Directing** is necessary in crisis situations. Give paraprofessionals clear directions about the desired outcome. If there is time, explain why the directions must be carried out. Monitor the paraprofessional's performance and give appropriate feedback. Here is a set of directions during a crisis situation:

"Jim, I need your help with Reggie and Walter (roommates in an apartment). They're are unable to get along right now. Neither one of them have been working on their programs, and now they're throwing things at each other. I want you to take Reggie to his bedroom. Just approach him, announce that he is going to his room, help him gather his stuff, and make an exit. Talk about his program, but do not get into an argument about why he is being moved to his room. I'll work with Walter. And thanks. Any questions?"

**Showing, Telling, and Doing.** Depending on the task, it is often useful to *show and tell* paraprofessionals what you want them to do. That is, demonstrate and describe how tasks should be performed. Also, get paraprofessionals involved in performing tasks as quickly and as often as possible.

**Module 12 Progress Check B**

Respond to the items below, then check your answers with those in Appendix A.

1. Name the three principles of interpersonal communication.
   - __________________________________________
   - __________________________________________
   - __________________________________________

2. Name five types of interpersonal communication problems.
   __________________________________________

3. Describe the basic perspective of the assertive communication approach.
   __________________________________________

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4. How is the assertive approach different from the passive or aggressive approach?

5. Select the best “I” statement: (a) “I feel frustrated when I have so much work to do.” (b) “I feel like you make me mad on purpose.” (c) “I feel that what you need is to take some time off from work.” (d) “I feel like you are taking advantage of me.”

6. Trying to capture the other person’s perspective or feelings is called _________________.

7. (Check all that apply) Active listening includes: __ facing the other person, __ making eye contact, __ crossing arms and legs, __ preparing a response while the other person is talking.

8. An “I” statement is (a) a way to tell the other person what the solution should be, (b) a way to state who caused the problem, (c) a way to share feelings with the other person.

Group Exercise B: Using the Assertive Communication Approach

NOTE TO THE READER: The following three “scenarios” depict situations that might arise in the course of a developmental specialist’s daily activities. Read each scenario, then divide into pairs. Play the role of either the “protagonist” (Shalyce, Brian, or Greg) or the respondent. As the respondent, use the assertive communication approach. Switch roles, or move to another scenario. If these situations are less than realistic for your daily routine, create your own!

Read the following scenario. Divide into pairs and select roles. One person should take the role of Shalyce. The other person should respond to her. The respondent should use the steps of the Assertive Communication Approach. If time allows, reverse roles.
Scenario 1:
Another specialist (Shalyce) and you are discussing a recent Developmental Evaluation that you performed on Jerry, a learner who receives services from your agency. Shalyce had worked with Jerry for several years, and had performed an earlier evaluation with him. Shalyce begins by saying, “I read your report on Jerry. I guess that I was surprised that you focused on prioritized needs in MOBILITY. I mean, Jerry has no mobility needs that I can see. His gross and fine motor skills are good, his visual-spatial orientation is good, he get's around just fine. When I worked with him, we didn't consider it a priority at all.”

You respond by saying, “Well, Shalyce, mobility probably wasn't a priority when you worked with him. But he's over 60 years old now, and he's developing an arthritic condition. I think I mentioned his arthritis in my report. We can maintain his motor capabilities if we focus on -”

Shalyce interrupts, “Sixty years old is not ancient! He can maintain his motor capabilities for a long time to come without your interference!”

How would you respond?

Scenario 2:
Read the following scenario. Divide into pairs and select roles. One person should take the role of Brian. The other person should respond to her. The respondent should use the steps of the Assertive Communication Approach. If time allows, reverse roles.

Another specialist (Brian) and you are reading an announcement on the bulletin board. The announcement describes a conference in your state for developmental specialists. Both Brian and you are very interested in attending the conference. The agency director walks by and mentions that only one specialist can attend due to money constraints. As the agency director walks away, Brian turns to you and says, “Well, then, I guess I'm elected to go to the conference because I've got more experience and training than you. Sorry.”

How would you respond?
Scenario 3:
Read the following scenario. Divide into pairs and select roles. One person should take the role of Greg. The other person should respond to her. The respondent should use the steps of the Assertive Communication Approach. If time allows, reverse roles.

You are attending a training session on first-aid procedures. During group discussion, the leader calls on you to describe “what to do in case a student is found unconscious on the floor with his airway obstructed.” Although you know the answer, the question catches you by surprise and you mumble, “Uh, call for help.” Later, as you and another specialist (Greg) are leaving, he keeps reminding you of the mistake, saying (not so jokingly): “I just can’t believe you didn’t know that. You don’t ‘call for help’ when a student is like that. What does that say about how prepared you are? I don’t think you’re ready to work in as a specialist. There is no way that you could respond to an emergency...”

How would you respond?

References


Module 12: Supervision of Paraprofessionals


Appendix A

Answers to Progress Check Items

Module 1 Progress Check

1. There are five important issues to consider when working with people who have disabilities. Name three of them:
   - Knowledge of individuals' abilities will ultimately be more valuable than knowledge of their disabilities.
   - Although they may have the same type of disability, each individual is unique.
   - Individuals have more similarities than differences with their peers who do not have disabilities.
   - People with and without disabilities have the same rights.
   - Many people with disabilities gain independence using assistive technology.

2. Name three considerations when interacting with people who have mental retardation:
   - Use clear, simple, specific language. Describe the action needed to perform the task.
   - Make sure you have the individual's attention before communicating or delivering instruction. First, address the individual by name and make eye contact.
   - Demonstrate appropriate social behavior so that individuals can learn from it.
   - Recognize and praise individuals when they are successful.

3. An individual who experiences rigid and contracted muscles, poor coordination, limited mobility, balance problems, and communication deficits is probably diagnosed as having a disability called cerebral palsy.

4. An individual whose disability involves temporary lapses of consciousness, or seizures, is probably diagnosed as having epilepsy.

5. An individual who has limited language, measured intelligence, and bizarre responses to people, events, and objects is likely to be diagnosed as a person with autism.
6. Name two roles of developmental specialists in regards to assistive technology. [examples]
   - Make people aware of available technologies. Gather information of technology resources that are available.
   - If a person may benefit from an assistive device, discuss with the person and the support team whether an evaluation should be conducted.

7. Name two similarities and two differences between the adult and child service systems. [examples] Like the adult service system, children receive services based on a plan developed by a support team. The plan is usually called an IEP. The IEP describes annual goals, measurable objectives, services provided, methods of evaluating the effects of services, and persons responsible. The plan must be carried out in the least restrictive environment. Unlike the adult service system, the support team is usually directed by a special education teacher, not the target individual. Most children's services are carried out in schools as opposed to employment, community, or residential settings for adults.

Module 2 Progress Check
1. Name two roles of the specialist in personal choice making:
   - Assist people towards achieving goals by providing them with choice opportunities.
   - Allow people to explore new options or modify previous selections.
   - Brainstorm with people various alternatives, including the consequences associated with different choices, advantages and disadvantages involved, and/or “what do you pay?/what do you get?” comparisons.
   - Teach ways for people to consider various alternatives.
   - Learn valuable information about the person's choice-making strategies, problem-solving skills, and style of decision making.

2. Name three ways that specialists may use a variety of procedures to assist people with decisions without undue involvement or bias in the decision making:
   - Put the consumer in contact with others who have recently confronted the same decision-making process.
   - Help the consumer gather information but be careful not to judge it.
   - Put the consumer in contact with family members or friends to gather information.
   - Ask if you and the person can consider the consequences associated with different choices or assess the advantages and disadvantages involved.
Appendix A: Answers to Progress Check Items

- Ask open questions.
- As much as possible, leave the ultimate decision to the person.

3. Name two open questions that you can ask of people to help them make choices:
   “What are some different things you could do?”
   “What is the best/worst thing that could happen?”
   “How could you make it happen?”
   “How would you feel if you did that?”
   “If you did that, what would you be doing a year from now?”

4. If people are under age 18, then informed consent must be provided by parents.

5. If people cannot receive and/or express information due to diminished capacity, then consent must be provided by a legal guardian.

6. If diminished capacity is due to English being a second language, then the information must legally be communicated in the consumer’s native language.

7. Which one of the following is not a personal right, according to Idaho state policy?
   ___ Human care and treatment.
   ___ Be free of mechanical restraints, unless necessary for the safety of that person.
   ___ Be free of mental and physical abuse.
   ___ Receive visitors 24 hours a day and to associate freely with persons of choice.
   ___ Communicate by telephone or otherwise and to have access to private area to make telephone calls and receive visitors.

8. T F People have the right to be informed of medical and habilitative conditions.

9. T F Because of their diminished capacity, people do not have rights to reasonable access to records concerning themselves.

10. T F People have the right to refuse services.

11. While working at the Unicorn Services Program, you receive a call from Calvin Jones, the program director of the Zebra Services Program across town. Mr. Jones says that a state agency has arranged for one of your people receiving services, Angela, to move to his program
in two weeks. He is interested in getting a fax of Angela’s records so that he can share the information with his staff and begin making plans for her arrival. He and his staff are awaiting your fax. You check her file for a written consent to release information to Mr. Jones, but you find nothing. In the space below, write what you would say to Mr. Jones:

[Example] I’m sorry, Mr. Jones, but it’s the policy of the Unicorn Services Program that I cannot release information without signed consent. I’ll leave a note for our director who may contact a parent or guardian to release the information to you. Let me take a number where she can reach you.

12. Let’s modify the situation above. What if Mr. Jones was program director of the Unicorn Services Program #2 across town. He and your supervisor have the same boss, the Executive Director of Unicorn Services, Dr. Melinda Chrisman. Mr. Jones and his staff are awaiting your fax. Should you release the information to Mr. Jones? Why or why not?

It is probably OK to release the information, but it may still be prudent to check with your supervisor, examine your Developmental Disability Agency’s policy, and review the signed consent forms in Angela’s file.

13. You are a specialist for South Bay Training Services. One of your service participants, Dwight, is moving into his own apartment. On Thursday afternoon, two employees of Baytown Furniture arrive to deliver a couch to Dwight’s apartment. One of the movers notices Dwight’s picture on the wall and identifies himself as Dwight’s brother. He wants to know how Dwight is doing? In the space below, write what you would say to the mover:

[Example] I’m sorry, but it’s the policy of South Bay Training Services that I cannot release information without signed consent.

14. Let’s extend the situation above. Is the statement below (made by you) acceptable and unacceptable? Why?

“I’ll leave a note for Dwight so that he can call you himself.” Unacceptable, because you’re identifying one of your Developmental Disability Agency’s people by name. Also, you haven’t established that the mover is Dwight’s brother.
Module 3 Progress Check

1. Tests of intelligence, adaptive behavior, reading or math skills, or motor skills, which compare one’s performance to the performance of others are called (standardized/developmental) assessments.

2. An assessment of a person’s interests, strengths, and needs is called (standardized/developmental) assessment.

3. What is a baseline phase? An assessment of performance under natural conditions before instruction occurs.

4. The level of a skill after training is started is called the instructional phase.

5. What is a probe assessment? The level of a skill or behavior after training is started, but with no assistance, prompts, cues, or positive reinforcement that were a part of instruction.

6. A consumer is learning the steps of a cooking task (making macaroni and cheese). The specialist has recorded the percentage of steps that the consumer performed correctly. On the graph below, plot the percentage of steps performed correctly each day, starting with Monday in the Baseline phase. Connect the dots with lines in the baseline phase and in the instructional phase. Is the consumer making progress?

Percentage of steps performed correctly:

Baseline (3 days): Instruction (7 days):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td>Tuesday</td>
<td>0</td>
<td>30</td>
<td>80</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Wed.</td>
<td>40</td>
<td></td>
<td>70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Module 4 Progress Check

1. A large sample of individual scores, drawn from the population, whose performance on a standardized assessment is used for comparison purposes is called the **norms**.

2. The arithmetic average of a set of scores is called the **mean**.

3. A score that is compared to scores from a norm group which has a mean of 100 (such as IQ scores) is called a **standard score**.

4. The percentage of standard scores in the norm group that fall equal to or lower than a given score is called the **percentile rank**.

5. Cameron obtained an IQ score of 70 on the WAIS III. What was Cameron’s percentile rank on this test? **2.3%**
Appendix A: Answers to Progress Check Items

6. Developmental assessments provide information about a consumer’s interests, strengths, needs, and prioritized needs.

7. Developmental assessments must provide specific information about skill areas in seven areas of independent living. Name these seven areas:
   

8. In the following passage from a developmental evaluation, underline the vague, potentially misinterpretable terms. Then, in the space that follows, rewrite the sentences with vague, potentially misinterpretable terms by clarifying and specifying the language. Provide context and specific examples as necessary.

   Leah knows how to tell time. She correctly named (verbally) the clock time when shown 4:30, 5:35, 8:12, 10:47, and 12:00 on a standard clock face. However, she had trouble with digital time-telling, because she did not know the time when shown five different examples. She was wishy-washy on her coin identification skills. When shown a nickel, she verbally named it correctly. However, when shown a dime, she did not know what it was. When shown a quarter, she verbally identified it as “a nickel.”

   Leah correctly named (verbally) the clock time when shown five different times on a standard clock face. She correctly named (verbally) the clock time when shown 4:30, 5:35, 8:12, 10:47, and 12:00 on a standard clock face. However, did not correctly name the time on a digital clock when shown 1:15 pm, 3:55 am, 4:22 pm, 7:03 am, and 11:41 pm. She correctly named (verbally) some but not all common coins. When shown a nickel, she verbally named it correctly. However, when shown a dime, she did not respond. When shown a quarter, she verbally identified it as “a nickel.”

9. Write a summary of the following developmental evaluation data, using specific language that describe the actions of the consumer (Jim).

   Writing
   Holds a writing utensil ................................................................. +
   Marks on paper with writing utensil ................................................. +
   Holds a pencil correctly .............................................................. -
   Prints own first and last name ..................................................... +
   Writes all letters of the alphabet correctly .................................... +
   Writes from left to right on a page ............................................... +
   Writes a one to two sentence message ......................................... -
   Writes own address ...................................................................... -
Appendix A: Answers to Progress Check Items

Addresses an envelope ................................................... -
Types one or more words on a computer or typewriter keyboard ...... +
Types five or more words on a computer or typewriter keyboard ...... -
Writes one or more letters in cursive .......................................... +
Writes all alphabet letters in cursive .......................................... -

[Example] Jim correctly held a writing utensil and used it make a mark on paper. However, he did not hold the pencil in the standard way. Jim printed his first and last name and correctly wrote all letters of the alphabet. He did not correctly write his address, nor did he correctly address an envelope. He did not correctly type five or more words on a keyboard, nor did he write all alphabet letters in cursive.

Identify one strength and two needs based on Jim’s data and the summary of Jim’s data above:

Strength: Writes one or more letters in cursive.
Needs: (1) Jim will correctly hold a pencil.
       (2) Jim will correctly write his own address.

Module 5 Progress Check

1. Specialists play vital roles in assisting people with disabilities in identifying and attaining career and life goals. Specialists can perform four roles, including:
   • gather information on the person’s’ skills and preferences,
   • provide information on different careers, living arrangements, and lifestyles of others,
   • help people communicate their interests, and
   • arrange for people to meet others who have chosen specific goals.

2. Name the seven components of the IPP:
   Strengths and prioritized needs, personal goals, behavioral objectives, starting and review dates, person(s) responsible, type, amount, and duration of therapy, and the individual transition plan.

3. Name one possible role of a developmental specialist in the IPP process: [Example]
   Carry out activities directly related to goals and objectives.

4. List five questions that developmental specialists can ask to help people identify goals:
   • What is your dream in life?
   • What is your favorite kind of work? What kind of work would you like to do?
Appendix A: Answers to Progress Check Items

- Where would you like to live?
- What kind of living arrangement would you prefer?
- When are you most happy (or what makes you most happy)?

5. As the person responsible for delivering services described on an IPP, specialists must be aware of four actions, including:
- Make sure you understand how to properly carry out procedures/services.
- Find out how often procedures/services must be carried out.
- Observe someone else carrying out the procedures/services, especially if special training is required. Then, practice the procedures/services until the professional in charge observes your skills and determines that you are competent.
- Ensure that you understand how to document your actions.

Module 6 Progress Check

1. Identify the statement of conditions, behavior/task, and mastery criterion in the following behavioral objective:

Given signs of 10 streets in the neighborhood, Debbie will verbally name each sign correctly (100%) for three consecutive training sessions.

Statement of conditions: Given signs of 10 streets in the neighborhood
Specific behavior or task: Debbie will verbally name each sign
Mastery criterion: correctly (100%) for three consecutive training sessions

2. Read the following statements. In the blank, label with “OK” the behavioral objectives that are written in observable and measurable language. Rewrite the behavioral objectives that are written in vague, potentially misinterpretable language using the space provided.

___ David will choose activities himself. [Example] Given a choice situation involving pictures of three alternative activities, David will point to the picture of his choice within one minute for 3 consecutive choice situations.

OK Given the clean clothes in her closet, Maria will select clothes whose colors match 90% of mornings for 10 consecutive mornings.

___ The specialist will write really good objectives all of the time. [Example] Using the guidelines for writing behavioral objectives, the specialist will correctly write 10 objectives which include statements of conditions, behaviors/tasks, and mastery criteria.
Appendix A: Answers to Progress Check Items

3. Write specific behavioral objectives for the following:
   Placing an audiocassette tape into a tape player of a car: [Example] Given an audiocassette and while sitting in the front passenger seat, the consumer will correctly place the tape into the tape player for five consecutive trials.
   Pouring cereal and milk into a bowl: Given a box of cereal, a container of milk, and a bowl, the consumer will independently complete all steps for making a bowl of cereal (100%) for three consecutive days.

4. Identify the problem(s) in the following behavioral objective. Rewrite the objective to correct the problem(s):

   Justin will independently perform 60% of steps for riding the Maple Street bus (see task analysis for specific steps) for one ride.
   Problem: the criteria, i.e., 60% and for one ride, are too low for reasonable mastery.
   Alternative: Justin will independently perform 100% of steps for riding the Maple Street bus (see task analysis for specific steps) for five consecutive rides.

Module 7 Progress Check

1. What is the purpose of a task analysis? To detail the steps a learner performs in sequence to complete a task.

2. How is a task analysis helpful? It is helpful for identifying tasks that must be taught — it details the steps that will guide the training process.

3. Name five components of a task analysis.
   - Natural cues.
   - Functional components (steps) of the task.
   - Speed requirements.
   - Quality requirements.
   - Potential problem areas.

4. At 8:30 am, Chris goes to the street corner to catch the bus. He is responding to what type of natural cue? (a) Step completion cue. (b) Time cue. (c) Verbal cue. (d) Quality cue.
5. A series of statements describing what a learner must do in sequence to complete a task are called functional steps.

6. The text recommends three guidelines for conducting a task analysis. One is “observe the task being performed.” Name one of the remaining two guidelines:
   - Do the task yourself until you complete it successfully.
   - Review the completed task analysis with someone else.

Module 8 Progress Check A

1. Calculate the percent correct in the following three examples and plot the percentages on the graph below. Connect the lines between data points.

   Mon: 3 out of 14 steps performed correctly = 21% correct.
   Tues: 10 out of 14 steps performed correctly = 71% correct.
   Wed: 6 out of 14 steps performed correctly = 43% correct.

2. Calculate the percent correct on a sequence of trials as shown below:

   \[ + + + + - - + + + - + + + - + + + - + + + = 13/20 = 65\% \text{ correct.} \]

3. If a specialist is timing how long it takes a learner to do a task, she may also want to consider collecting data on the quality of the learner’s performance.

Module 8 Progress Check B

1. In the example above, which day involved more complaining: Monday, when eight complaints were recorded in an hour, or Tuesday, when two complaints were recorded in 30 minutes? Heather complained most in the observation on Monday (which day?)

2. Julio’s chore was to fill lawn bags with cut grass at home every Saturday. As a specialist, you count his production for five sessions of varying lengths of time as shown below:
Appendix A: Answers to Progress Check Items

<table>
<thead>
<tr>
<th>Session No.</th>
<th>Count (Bags Filled)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>10 min.</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>10 min.</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>5 min.</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>10 min.</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

- Compute the rate of bags filled per minute in each of five sessions:
  Session 1 = 0.6 per min.  Session 4 = 0.7 per min.
  Session 2 = 0.9 per min.  Session 5 = 0.8 per min.
  Session 3 = 0.6 per min.

- Plot this data on the graph below. In which session was Julio most productive? Session 2.

Module 8 Progress Check C

1. Wendy recorded data on George’s cleaning activities at his apartment. She rated three cleaning activities for three days. The record of George’s performance appears below:

<table>
<thead>
<tr>
<th>Cleaning counter</th>
<th>10-8-96</th>
<th>10-9-96</th>
<th>10-10-96</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning counters</td>
<td>(low quality)</td>
<td>(marginal)</td>
<td>(marginal)</td>
</tr>
<tr>
<td>Cleaning table tops and chairs</td>
<td>(marginal)</td>
<td>(low)</td>
<td>(low)</td>
</tr>
<tr>
<td>Mopping floor</td>
<td>(near standard)</td>
<td>(matches std)</td>
<td>(matches std)</td>
</tr>
</tbody>
</table>
## RECORDING FORM: QUALITY RATINGS

<table>
<thead>
<tr>
<th>EMPLOYEE:</th>
<th>George</th>
<th>NAME OF PROGRAM:</th>
<th>Cleaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scoring code for employee's performance:</strong></td>
<td>3</td>
<td>Matches or exceeds standard (100% or more)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Poor quality (0-39%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Low quality (40-59%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Near standard (80-99%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Marginal quality (60-79%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Task/Step:
1. **Cleaning counters.**
   - Date: 10/8-10/10/96
   - Rating: 5 5 5 5 5 5 5 5 5 5
   - Training Location: Apartment

2. **Cleaning table tops and chairs.**
   - Date: 10/8-10/10/96
   - Rating: 3 3 3 3 3 3 3 3 3 3
   - Training Location: Apartment

3. **Mopping floor**
   - Date: 10/8-10/10/96
   - Rating: 4 4 4 4 4 4 4 4 4 4
   - Training Location: Apartment

*Note: The table continues with similar entries for other tasks and steps.*
2. Justin is learning to eat with a fork. A specialist recorded data on the steps of the fork utensil task analysis for three days. Here is her record of Justin’s performance on the first three steps:

<table>
<thead>
<tr>
<th>Step</th>
<th>9-8-97</th>
<th>9-9-97</th>
<th>9-10-97</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pick up the fork.</td>
<td>(showing needed)</td>
<td>(telling prompt)</td>
<td>(telling prompt)</td>
</tr>
<tr>
<td>2. Rotate fork and stab food.</td>
<td>(no assistance)</td>
<td>(telling prompt)</td>
<td>(showing prompt)</td>
</tr>
<tr>
<td>3. Take fork and food to mouth.</td>
<td>(brief tap needed)</td>
<td>(physical guide)</td>
<td>(physical guide)</td>
</tr>
</tbody>
</table>

Graph this specialist’s data on the recording form below:

<table>
<thead>
<tr>
<th>LEARNER:</th>
<th>Justin</th>
<th>NAME OF PROGRAM:</th>
<th>Eating with fork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scoring code for learner’s performance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 ➔ No assistance needed</td>
<td>3 ➔ Showing (model) prompt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 ➔ Telling (verbal) prompt</td>
<td>2 ➔ Brief tap or touch prompt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ➔ Physical guidance needed</td>
<td>1 ➔ Physical guidance needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE:</th>
<th>9-8-97</th>
<th>9-9-97</th>
<th>9-10-97</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task/Step: Pick up the fork.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5</td>
<td>4 4 4 4 4 4 4 4 4 4 4 4</td>
<td>3 3 3 3 3 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>Training Location:</td>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
<tr>
<td>Task/Step: Rotate the fork and stab food.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5</td>
<td>4 4 4 4 4 4 4 4 4 4 4 4</td>
<td>3 3 3 3 3 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>Training Location:</td>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
<tr>
<td>Task/Step: Take the fork &amp; food to mouth.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5</td>
<td>4 4 4 4 4 4 4 4 4 4 4 4</td>
<td>3 3 3 3 3 3 3 3 3 3 3 3</td>
</tr>
<tr>
<td>Training Location:</td>
<td>Home</td>
<td>Home</td>
<td>Home</td>
</tr>
</tbody>
</table>
## Module 8 Progress Check D

1. Nicole lives with her family. She wants to learn to make her bed each morning. She sleeps in a room by herself. Her specialist developed a task analysis with 12 steps. Which of the five recording procedures would you recommend to assess Nicole's performance? (There may be more than one procedure that could be used.)

[Example] Probably quality ratings. If she needed help on the steps of the task, then perhaps levels of assistance.

2. Decide which of the data recording procedures (percent correct, timing tasks, counting events, quality ratings, level of assistance) you would select for assessing the following situations. (There may be more than one procedure that could be used for some of the situations.)

- **Situation 1:** Rita is learning to use a blender in the kitchen. She has learned how to place food and juices in the blender and pour out the contents. However, she is still learning to press enlarged buttons adapted for the blender. Her challenge is coordinating her fine-motor skills due to a cerebral palsy condition.
  
  Procedure: **Level of assistance**

- **Situation 2:** Alicia is learning to use a word processor on her computer. She needs to perform a sequence of steps, i.e., open a file, set the margins, type a letter to a friend, save the file, place the file in a labelled folder, print it, and close the file.
  
  Procedure: **Percent correct**

- **Situation 3:** Juanita is learning to independently perform several tasks necessary in order to be ready for her ride to work each morning. She can get dressed, make her bed, and perform the other tasks in her morning routine, but she performs them very slowly and haphazardly. She needs to be ready when her co-workers come by to pick her up.
  
  Procedure: **Timing tasks**

- **Situation 4:** Josh is moving into his own apartment. He wants to learn to use a dry chemical fire extinguisher in case of an apartment fire. His specialist developed a 5-step task analysis (lift the handle, hold the extinguisher upright, stand 8-10 ft. from the fire, press the lever above the handle, and spray at the base of the fire). He is learning to perform the steps in the right sequence.
  
  Procedure: **Percent correct**
Appendix A: Answers to Progress Check Items

3. Check one of two statements below that is more objective and avoids judgment. Write an improved version of the other statement.

√ On Tuesday, September 14, Jenny started training on making purchases in convenience stores. Her baseline from three sessions in early September indicated 20% to 35% correct steps. In this session, Jenny performed at 60% correct with the specialist’s assistance. She greeted the cashier when entering the store, located the item for purchase, and placed the item on the counter. However, she needed verbal prompts to give the dollar to the cashier and to receive coin change from the cashier. Her performance was far above the baseline levels. We will work on reducing the verbal prompts that were necessary today so that Jenny can respond directly to the cashier.

Allan is working on locating key locations downtown, such as his service coordinator’s office, the library, and his cousin’s business. He has been making progress with minimal help from me. Today, Allan was identifying street signs and numbers when he met an old friend from high school. They started talking about old times, so no instructional programs were conducted on this date. Allan does well when I have his attention, but he is totally impossible when he starts socializing with his friends.

Improved version of “Jenny” or “Allan:” Allan is working on locating key locations downtown, such as his service coordinator’s office, the library, and his cousin’s business. He has been making progress with minimal help from me. Today, Allan was identifying street signs and numbers when he met an old friend from high school. They talked about old times for 45 minutes or more. No instructional programs were conducted on this date. We will reschedule for tomorrow.

Module 9 Progress Check A

1. The instructor and Sarah have just read the directions for making lasagna. The instructor asks Sarah if she can make lasagna, but she says, “I don’t know. I don’t think so.” What could the instructor do to lead Sarah or simplify the task. Ask “what’s the first thing you do?” or “what things do we need to make it?”

2. During a bus ride to a recreation activity, a specialist and Marvin are talking. Marvin has mental retardation. The specialist says, “Marvin, you’re a little overzealous when you play basketball.
You play like a bull in a china shop. You need to chill.” Marvin looks confused. Rewrite the specialist’s statement using guidelines for effective communication.


3. Write 10 alternative ways to say to a learner, “Good job!”

[Alternatives need to include characteristics of specific praise statements described in Principle 6.]

Module 9 Progress Check B
1. Name three ways to present information to an learner in the acquisition stage: Showing, telling, and physically assisting.

2. Which of the three ways of presenting information (or combinations of the three ways) might be most appropriate to teach the following tasks.
   - Vacuuming: Showing, telling, and physically assisting.
   - Use of a calculator: Showing, or telling.
   - Operating an elevator in a public building: Showing, telling, and physically assisting.

3. When should least-to-most prompting be used? When learners need reminders to perform an action, or when baseline data indicate that a learner is partially performing the task.

4. Fernando was learning to replace a ceiling light bulb in his new apartment. He had not performed this task before, and was unsure how to place the step stool to reach the light, unscrew the bulb, etc. Should the specialist use least-to-most prompting or most-to-least prompting? Why? Most-to-least prompting, because this method of physical guidance is more useful when teaching complex movements, or when baseline data indicate low levels of correct responses.

5. Using most-to-least prompting, fill in the blanks below by describing a sequence of ways to provide physical assistance: Hand-over-hand > guide wrist > place finger on hand > tap > show and/or tell > independent response
Module 9 Progress Check C

1. Instructors usually correct errors using one of three procedures. What are they? 
   Showing, telling, or physically assisting.

2. Why should all errors be corrected? Because otherwise, the learner may practice how to do something the wrong way.

3. After a learner responds correctly, instruction is still incomplete! Instructors still need to check for an independent response at a later time.

4. Name two guidelines for fading assistance:
   • Fade physical assistance as soon as possible when the learner begins to respond independently.
   • Fade “telling” as soon as possible.

5. List three statements or questions that might help in getting an employee started:
   * “What do you do first?”
   * “How do you start?”
   * “The first thing you do is... (pause).”

6. Carla is learning to operate the stereo. She turns on the receiver and selects a cassette tape. She has performed the next several steps, but this time, she gets stuck. What should her specialist do?
   Say something like “Carla, so far you have turned it on and picked a tape. The next thing to do is...(pause and wait for the learner to do it).”

7. In the example above, Carla remembered to put the tape in and pressed play, but there was no sound. The selector button is on “CD,” not “Tape.” What should her specialist do when this step is omitted?
   Say something like “Carla, you missed one step. What is it?”

Module 9 Progress Check D

1. Matthew is learning to write checks to pay his apartment bills, but after a weekend off, he needs considerable re-training. What should his instructor do?
   (1) Watch Matthew’s performance to see what part(s) are troublesome. Pull them out and deliver instruction separately. Immediately upon starting work, review what must be done. (2) If
possible, videotape Matthew’s best performance before the layoff and let him “watch himself” before starting work. (3) Arrange several repetitions of the same troublesome task before the layoff.

2. Andrea is learning to bathe. She is very thorough in bathing, but consistently forgets to wash her hair. What should her instructor do? Watch Andrea do the task. Pull the task out and deliver instruction separately. When presenting information, combine visual and auditory cues (like showing combined with telling).

3. Kimberly is learning to answer the phone and write messages. Her written messages are inconsistent. Sometimes the messages are accurate and detailed, sometimes she doesn’t write the details, and sometimes she does not leave messages at all. What should her instructor do? Provide a model of the finished product so Kimberly can check her work against it. If this does not work or is not possible, observe Kimberly perform the task and provide positive or corrective feedback.

Module 10 Progress Check
1. What does “fading assistance” mean? The temporary use of a prompt to establish a skill, then gradually withdrawing the prompt so that the person responds to other things in the environment.

2. Why involve family, friends, and neighbors at the outset of training? Learners must learn skills in the presence of several people.

3. Sherry pours a cup of coffee when the coffee maker has brewed a pot of coffee. What is her natural cue for pouring coffee? The coffee maker has finished brewing coffee.

4. Celeste has mastered the steps in making burritos. Bryce (instructor) provides telling prompts immediately following the completion of each step of the task. When Celeste finishes one step, Bryce tells her which one to do next. Which method may be best for fading assistance? Why?
   A- Time delay.
   B- Fading physical assistance.
   C- Decrease the amount of reinforcement.
Module 11 Progress Check A

Identify “A”, “B”, and “C” in the following examples.

1. John enjoyed meeting new people at Friday night dances. He would go to the dance, introduce himself to others, and sometimes would ask them to dance. After dancing, he would always say, “Thanks. Nice to meet you.”
   A= The Friday night dance.
   B= John introduces himself and asks others to dance.
   C= John says, “Thanks. Nice to meet you.”

2. The A-B-C sequence also applies to harmful or disruptive behavior. That is, harmful or disruptive behavior is surrounded by its own antecedents and consequences. For example, Alice and Melinda argue over whose turn it is to use the phone. Alice pushes Melinda to the floor. The apartment supervisor reprimands Alice.
   A= Alice and Melinda argue (over the issue of whose turn it is).
   B= Alice pushes Melinda (or they argue).
   C= Apartment supervisor reprimands Alice.

3. A consequence that a learner will work to obtain (such as praise, activities, etc.) is called positive reinforcement.

4. A consequence that involves applying a stimulus or withdrawing a positive reinforcer for purposes of decreasing the frequency or intensity of behavior is called punishment.

5. Principle 3 emphasizes that all individuals can learn in a positive social environment.

Module 11 Progress Check B

1. Name the four questions to answer when specifying behaviors?
   • What is the behavior?
   • What’s the history of the behavior?
   • What are the antecedents and consequences of the behavior?
   • What social factors might be affecting the behavior?
2. Specify the following behavior: "Kevin is so moody." You may need to create your own set of specific circumstances for Kevin. [Example]
"Kevin’s actions change quickly from smiling and conversing with others to having an angry facial expression and refusing to talk with them.”

3. Define the following behavior in observable and measurable terms. There may be several good definitions. [Example]
Following instructions delivered by the paraprofessional: The learner makes eye contact, listens to the instruction, nods or repeats part of the instruction to the paraprofessional, and carries out all actions within two minutes of the instruction.

Module 11 Progress Check C
1. Name six other factors that can effect behavior? Time of day, illnesses or health problems, specific persons, level and type of stimulation, medications, and allergies.

2. Andy was a 17-year-old high school student with mental retardation. He participated in community-based training with his specialist (Jesse) to learn money skills. However, Andy frequently refused Jesse’s requests to purchase items, use a calculator to determine amounts of purchases, or interact with the cashier in retail stores. What should you do to prepare for a behavioral intervention? Specify the behavior in precise terms. Answer four questions (What is the behavior? What’s the history of the behavior? What antecedents precede the behavior, and what consequences follow it? What are the social rules associated with the behavior?) Identify an alternative, appropriate behavior.

3. When should a specialist get assistance from experts for a harmful/disruptive behavior? Before the harmful behavior becomes a serious problem.

4. Examine the table on the following page. On the left side are poor definitions of different behaviors. On the right side are better definitions for the first two behaviors. Write better definitions for the last four behaviors. There may be several good examples.
Appendix A: Answers to Progress Check Items

<table>
<thead>
<tr>
<th>Poor</th>
<th>Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erick does not pay attention.</td>
<td>Erick does not make eye contact when being addressed.</td>
</tr>
<tr>
<td>Brandy consistently follows through on things.</td>
<td>Brandy completes tasks within five to ten minutes after being asked.</td>
</tr>
<tr>
<td>Sylvia has poor hygiene.</td>
<td>Sylvia does not bathe or apply deodorant daily.</td>
</tr>
<tr>
<td>Jerome gets in other people’s faces.</td>
<td>Jerome stands within two feet from others when talking to them.</td>
</tr>
<tr>
<td>Erika teases people.</td>
<td>Erika calls people names, then laughs at them in front of others.</td>
</tr>
</tbody>
</table>

Module 11 Progress Check D

1. Name four of five cautions concerning use of point systems. [Examples] Since points have value, theft or counterfeiting may occur. Specialists should vary the items that points may be exchanged for. Point systems require some bookkeeping, which can be an extra burden. While useful for providing immediate positive consequences, points may identify the learner with disabilities as “different.”

2. Name three of the six features of praise. [Examples] Praise must be contingent, descriptive, and frequent.

3. Name one of the two cautions concerning the use of activity reinforcers.
   - Activities often cannot be arranged immediately following behavior.
   - Some activities may not be appropriate for the age, gender, culture, and setting.

Read the following praise statements, then, write a more descriptive statement in the space provided. Provide your own situation and context.

4. "Great job Flora!” Flora, you got along with your staff today. Great!

5. "Hey, I liked that, Sarah.” Sarah, you followed Mr. Robinson’s instructions. Excellent!
Appendix A: Answers to Progress Check Items

6. Name four ways to identify reinforcers:
   - Interview family members, parents/guardians, and/or former teachers.
   - Ask family members, parents/guardians, and/or former teachers about special activities, awards, and other methods routinely used to recognize learner performance (natural reinforcers).
   - Observe what learners do during free time.
   - Narrow the list by asking for “forced choices.

Module 11 Progress Check E

1. Camillia frequently lost her temper. Her specialist counted her tantrums and found out that Camillia had averaged five tantrums per day. Camillia and her specialist met to discuss the problem. They decided that if Camillia had no tantrums for a week, she could earn the “learner of the week” award. In the first week of the intervention, Camillia’s tantrums increased to 12 per week. Describe the guideline that was not followed? Guideline 4: The expectations of the learner must be achievable.

2. What are the three levels of a crisis confrontation? Escalation, challenge and assault.

3. T T F The best way to deal with violent behaviors is to prevent them before they occur.

4. The following situation involves a learner (Randy) who confronts his specialist. Play the role of his specialist. Identify the level of emotional behavior in each of the two passages, then indicate what you would say and do.

   Randy: “Leave me alone! I know how to do this, so just bug off! I was doing fine until you got here!”
   Level of emotional behavior: Escalation
   What would you say? Reflect on Randy’s emotion by saying something like “You seem upset.” Offer support. Speak in a calm, neutral voice tone.
   What would you do? Offer 3-5 feet of operating room. Maintain an open body stance.

   Randy (screaming): “F--- you! I oughta kick your ass! I’m telling your boss to fire you!”
   Level of emotional behavior: Challenge
   What would you say? Reflect on Randy’s emotion, but this may be less effective at this stage.
Appendix A: Answers to Progress Check Items

Eliminate the audience. Deliver direct instructions to Randy in a neutral voice tone ("Go outside and cool off, please.") or offer limited choices ("Go to the restroom to relax or take a break outside."). Summon help from other specialists.


Module 12 Progress Check A

1. Check the tasks below for which specialists usually maintain primary responsibility.

   Specialists usually:
   - [x] Conduct developmental evaluations.
   - [ ] Carry out individual or group instruction activities with learners.
   - [x] Write behavioral objectives.
   - [ ] Document results of instructional activities.
   - [ ] Reinforce learned skills through individualized or small group practice.
   - [x] Write Behavioral Intervention Plans for IPPs,

2. Check the tasks below for which paraprofessionals usually maintain primary responsibility.

   Paraprofessionals usually:
   - [x] Carry out behavioral intervention programs with learners.
   - [ ] Write behavioral objectives.
   - [ ] Consult with therapists and other professionals regarding consumer problems.
   - [x] Carry out individual or group instruction activities with learners.
   - [x] Summarize data from instructional or behavioral programs.
   - [ ] Write Behavioral Intervention Plans for IPPs,

3. One evening while shopping at the local supermarket, Stacy (the paraprofessional who works with a youth in Melissa Fogelman’s high school class) was approached by Kyle’s mother. Kyle (the consumer) had been involved in a fight on the school bus a few days earlier. The matter had been handled by Ms. Fogelman. Stacy was not present. Kyle’s mother asked Stacy for an account of the incident. She wanted to know about Kyle’s role, which other students were involved, and why the bus driver returned Kyle to school for an after-school suspension. What ethical principal is involved?

   Principle 1: Consider all aspects of a student’s education confidential.
Appendix A: Answers to Progress Check Items

How should Stacy respond?
Stacy should tell Kyle’s mother that she will refer her questions to the classroom teacher (Melissa) so that Melissa can respond directly. However, Stacy should not discuss the matter with Kyle’s mother because it involves confidential information (especially the identity and involvement of the other student). Also, Stacy did not directly observe the incident.

Module 12 Progress Check B
1. Name the three principles of interpersonal communication.
   • Problems will be encountered in some interpersonal communication.
   • Problems can be solved.
   • Problems can be solved using the assertive communication approach.

2. Name five types of interpersonal communication problems. Miscommunication, disagreement, refusal of a request, imposition, and excessive criticism.

3. Describe the basic perspective of the assertive communication approach. The assertive approach involves standing up for one’s rights while respecting the rights of others.

4. How is the assertive approach different from the passive or aggressive approach? The assertive approach is different from the passive or aggressive approaches because it is respectful of each person’s rights. In contrast, passiveness involves submission to someone, and aggressiveness involves manipulation or coercion.

5. Select the best “I” statement: (a) “I feel frustrated when I have so much work to do.” (b) “I feel like you make me mad on purpose.” (c) “I feel that what you need is to take some time off from work.” (d) “I feel like you are taking advantage of me.”

6. Trying to capture the other person’s perspective or feelings is called reflecting or restating.

7. (Check all that apply) Active listening includes: X facing the other person, X making eye contact, _ crossing arms and legs, _ preparing a response while the other person is talking.

8. An “I” statement is (a) a way to tell the other person what the solution should be, (b) a way to state who caused the problem, (c) a way to share feelings with the other person.
Appendix B

Partial Listing of National Resources for People with Disabilities

Autism
Autism Research International Newsletter, Institute for Child Behavior Research 4182 Adams Avenue, San Diego, CA. 92116

Autism Society of America, 8601 Georgia Avenue, Suite 503, Silver Spring, MD. 20910; (301) 565-0433

Blindness
American Foundation for the Blind, 15 West 16th Street, New York, NY. 10011; (212) 620-2000 (1-800) AFBLIND

Division for the Visually Handicapped, Council for Exceptional Children, 1920 Association Drive, Reston, VA. 22091; (703) 620-3660

National Association for Visually Handicapped, 22 West 21st Street, New York, NY. 10010; (212) 889-3141

National Braille Association, 1290 University Avenue, Rochester, NY. 14607; (716) 473-0900

National Federation of the Blind, 1800 Johnson Street, Baltimore, MD. 21230; (410) 659-9314

Cerebral Palsy
United Cerebral Palsy Association, Inc., 1522 K Street, NW., Suite 1112, Washington, DC. 20005; (202) 268-6655; (202) 842-1266

Deafness
American Deafness and Rehabilitation Association, P. O. Box 55369, Little Rock, AR. 77225; (501) 663-4617 (Voice or TDD)
National Association of the Deaf, 814 Thayer Ave., Silver Spring, MD. 20910; (301) 587-1788 (Voice or TDD)

National Information Center on Deafness, Gallaudet University, Washington, DC. 20002

Epilepsy

Epilepsy Foundation of America, 4351 Garden City Drive, Suite 406, Landover, MD. 20785; (301) 459-3700 (1-800) EFA-1000

Learning Disabilities

Division of Learning Disabilities, Council for Exceptional Children, 1920 Association Drive, Reston, VA. 22091; (703) 620-3660

Learning Disability Association of America, 4156 Library Road, Pittsburgh, PA. 15234; (412) 341-1515

National Center for Learning Disabilities, 99 Park Avenue, New York, NY. 10016; (212) 687-7211

National Network of Learning Disabled Adults, 808 North 82nd St., #F2, Scottsdale, AZ. 85257

Mental Illness

National Alliance for the Mentally Ill, 2101 Wilson Blvd., Suite 302, Arlington, VA. 22201; (703) 524-7600

National Mental Health Association, 1021 Prince Street, Arlington, VA. 22314-2971; (703) 684-7722

Mental Retardation

American Association on Mental Retardation (AAMR), 1719 Kalorama Road, NW., Washington, DC. 20009; (202) 387-1968; (1-800) 424-3688

The Arc, 500 East Border Street, Suite 300, Arlington, TX. 76010; (817) 261-6003

Association for Persons with Severe Handicaps (TASH); 11201 Greenwood Ave. North, Seattle, WA. 98133 (206) 361-8770

Physical and Neurological Disorders

AbleNet, (1-800) 322-0956
Appendix B: Resources

Division on Physically Handicapped, Council for Exceptional Children, 1920 Association Drive, Reston, VA. 22091; (703) 620-3660

Muscular Dystrophy Association
3561 East Sunrise Drive
Tucson, AZ. 85718; (602) 529-2000; (1-800) 223-6666

National Easter Seal Society, 70 East Lake Street, Chicago, IL. 60601; (312) 726-6200 (1-800) 221-6827

National Institute of Neurological Disorders and Stroke, National Institutes of Health, Building 31, Room 8A06, 9000 Rockville Pike, Bethesda, MD. 20892; (301) 496-5751

National Rehabilitation Information Center, 4407 8th Street NE, Washington, DC., 20017

**Spina Bifida**

March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY, 10605; (914) 428-7100

Spina Bifida Association of America, 4590 MacArthur Blvd, Suite 250, Washington, DC., 20007 (202) 944-3285 (1-800) 621-3141

**Traumatic Brain Injury**

National Head Injury Foundation, Inc., 1140 Connecticut Ave. NW., Suite 812, Washington, DC., 20036; (202) 296-6443

**Partial Listing of Assistive Technology Resources**

**General Organizations and Publications**

Alliance for Technology Access, 2173 E. Francisco Blvd., San Rafael, CA, 94901, (415) 455-4575.

Closing the Gaps, P.O. Box 68, Henderson, MN, 56044, (612) 248-3294.


Office of Equal Employment Opportunity, (800) 669-EEOC Voice, (800) 800-3302 TDD.

Trace R & D Center, S-151 Waisman Center, 1500 Highland Ave., Madison, WI, 53705, (608) 262-6966.

World Institute on Disability, 5101 6th Street, Suite 100, Oakland, CA, 94612, (510) 763-4100, (510) 763-4109 FAX.
Appendix B: Resources

Worldwide Disability Solutions, Apple Computers, Inc., 19925 Stevens Creek Blvd., MS43, Cupertino, CA, 95014, (408) 974-7910.


Physical Disability Organizations

American Occupational Therapy Association, 1383 Piccard Drive, Rockville, MD, 20850, (301) 948-9626.


Physical Disability Publications

Accent on Living, Box 700, Bloomington, IL, 61701, (309) 378-2961, Disability Rag.


Exceptional Parent, 1170 Commonwealth Avenue, 3rd Floor, Boston, MA, 02134, (617) 536-8961.


Visual Disability Organizations

American Foundation for the Blind, 15 West 16th Street, New York, NY, 10011, (800) 232-5463.


Braille Institute, 741 N. Vermont Ave., Los Angeles, CA, 90029, (213) 663-1111.

National Braille Press, 88 Saint Stephens St., Boston, MA, 02115, (617) 266-6160.

National Federation of the Blind, 1800 Johnson St., Baltimore, MD, 21230, (301) 659-9314.

Appendix B: Resources

Visual Disability Publications

Aids and Appliances Review, Carroll Center for the Blind, 7700 Centre St., Newton, MA, 02158, (617) 969-6200.

Raised Dot Computing Newsletter, 408 S. Baldwin, Madison, WI, 53703, (608) 257-9595.

Speech & Hearing Disability Organizations


International Society for Alternative and Augmentative Communication (ISMC), P.O. Box 1762 Station R, Toronto, Ontario, Canada, M4G 4A3.

United States Society for Augmentative and Alternative Communication, c/o Barkley Memorial Center, University of Nebraska, Lincoln, NE, 68588, (402) 472-5463.

Speech & Hearing Disability Publications


Communication Outlook, Artificial Language Lab, Michigan State University, 405 Computer Center, East Lansing, MI, 48824-1042, (517) 353-0870.

Learning Difficulties Organizations

Association for Children and Adults with LD, 4156 Library Road, Pittsburgh, PA, 15234, (412) 341-1515.

The Association for Persons with Severe Handicaps (TASH), 7010 Roosevelt Way NE, Seattle, WA, 98115, (206) 523-8446.

Association for Retarded Citizens, 250 Avenue J, Arlington, TX, 76006, (800) 433-5255.

Council for Exceptional Children’s Information Exchange, 1920 Association Drive, Reston, VA, 22091, (703) 620-3660, (800) 345-8320.


National Network of Learning Disabled Adults, 808 N. 82Nd St., Suite F2, Scottsdale, AZ, 85257, (800) 544-3284.
Appendix B: Resources

Orton Dyslexia Society, 724 York Road, Baltimore, MD, 21204, (301) 296-0232.

Physical Disabilities: Hardware and Software

ComputAbility Corporation, 101 Route 46 East, Pine Brook, NJ, 07058, (201) 882-0171.
EKEG Electronics Co. L.W., P.O. Box 46199, Station G, Vancouver, BC, Canada, V6R 4GS, (604) 273-4358.
IntelliKeys, 5221 Central Avenue, Suite 205, Richmond, CA, 94804, (510) 528-0670, (510) 528-2225 FAX.
Pointer Systems Inc., One Mill Street, Burlington, VT, 05401, (800) 537-1562, (802) 658-3260, (802) 658-3714 FAX.
TASH, Inc., 70 Gibson Drive, Unit 12, Markham, ON, Canada 13R 4C2, (416) 475-2212.
Zygo Industries, Inc., P.O. Box 1008, Portland, OR, 97207, (503) 684-6006.
DU-IT Control Systems Group, Inc., 8765 Township Road #513, Shreve, OH, 44676-9421, (216) 567-2906.
X10, USA Inc., 185A LeGrand Avenue, Northvale, NJ, 07647, (201) 784-9700.

Speech Synthesis: Hardware and Software

Access Unlimited - Speech Enterprises, 9039 Katy Freeway, Suite 414, Houston, TX, 77024, (800) 531-5314.

Voice Recognition: Hardware and Software

Articulate Systems, 2380 Ellsworth Street, Berkeley, CA, 94704, (510) 549-1013.
Dragon Systems, Inc., 320 Nevada Street, Newton, MA, 02160, (800) TALK-TYP, (617) 965-5200, (617) 527-0372 FAX.

Visual Disability Software

Access Unlimited - Speech Enterprises, 9039 Katy Freeway, Suite 414, Houston, TX, 77024, (800) 531-5314.
Appendix B: Resources 225

American Printing House for the Blind, 1839 Frankfort Avenue, Louisville, KY, 40206, (502) 895-2405.

Berkeley Systems, Inc., 2095 Rose Street, Berkeley, CA, 94709, (510) 540-5535, (510) 540-5115 FAX.

Computer Aids Corporation, 124 West Washington Court, Fort Wayne, IN, 46802, (800) 647-8255.

Duxbury Systems, Inc., 435 King Street, P.O. Box 1504, Littleton, MA, 01460, (508) 486-9766.

MicroTalk Software, P.O. Box 6959, Louisville, KY, 40206, (502) 955-8255.

Raised Dot Computing, 408 S. Baldwin, Madison, WI, 53703, (608) 257-9595.

Visual Disability Enlarged Displays

Ai Squared, P.O. Box 669, Manchester Ctr., VT, 05255-0669, (802) 362-3612, (802) 362-1670 FAX.

VTEK, 1625 Olympic Blvd., Santa Monica, CA, 90404, (800) 452-5966, (213) 452-5966.

Braille Devices

American Thermoform Corporation, 2311 Travers Ave., City of Commerce, CA, 90040, (213) 723-9021.

Blazie Engineering, 3660 Mill Green Road St., MD, 21154, (301) 879-4944, (301) 452-5752.

CustomEyes Computer Systems, 3587 Anderson Creek Road, Talent, OR, 97540, (503) 535-1100, (503) 535-7348 FAX. and 64 Saratoga Cir., Sacramento, CA, 95864-7111, (916) 486-1700.

HumanWare, Inc., 6245 King Road, Loomis, CA, 95650, (916) 652-7253, (916) 652-7296 FAX.


Speech Synthesis

GW Micro, 310 Racquet Drive, Fort Wayne, IN, 46825, (219) 483-3625, (219) 484-2510 FAX.
Speech & Hearing Disability Therapy Programs

Communication Skill Builders, 3830 E. Bellevue, P.O. Box 42050-Z, Dept. 49, Tucson, AZ, 85733, (602) 323-7500.


Sofware Research Corp., 3939 Quadra St., Victoria, BC, Canada, V8X IJ5, (604) 727-3744.

Communication Aids, Access Unlimited - Speech Enterprises, 9039 Katy Freeway, Suite 414, Houston, TX, 77024, (800) 531-5314.

ComputAbility Corporation, 101 Route 46 East, Pine Brook, NJ, 07058, (201) 882-0171.


Zygo Industries, Inc., P.O. Box 1008, Portland, OR, 87207, (503) 684-8006.

Sign Language Instruction

Microtech Consulting Company, 909 West 23rd Street, Cedar Falls, IA, 50613, (800) 992-7446.
Appendix B: Resources

Local Resources:
Local Resources:
Appendix C

Sample Developmental Evaluation
CASEY JONES

DEVELOPMENTAL EVALUATION

DATE: June 21, 1998
NAME: Casey Jones
ADDRESS: 220 Edgewood
CITY: Pleasant View
AGE: 14 yrs., 3 mos.
DATE OF BIRTH: 3/20/84
STATE: Idaho
ZIP CODE: 83654

Casey is a 14 year old male who is an 8th grader at Pleasant View Middle School. He is the youngest child in his family of three boys and two girls. He currently lives with his mother (Mrs. Mary Jones) and step-father (Mr. Wilford Jones).

MOBILITY
Casey is able to run independently. His mom stated, “He loves to play basketball by himself in the family’s driveway.” He is also able to throw, catch and kick a ball.

Swimming: Casey is able to perform simple swimming strokes and tread water. Casey stated that he loves to jump off the diving board. He is unable to float on his back or hold his breath for a full 10 seconds.

LEARNING
Reading: Casey is able to read a book independently. His mom stated, “He goes through the newspaper every night.” She said, “He looks for the T.V. Guide every Sunday to find out when the rodeos are for the next week.”

Writing: Casey is able to write independently. He is able to write sentences and write his address. He is unable to fill out an application or write in cursive.

Grouping: Casey is able to group like and different items and give a reason why an object doesn’t belong in a group. He picks out his own clothes to be worn, but his mom stated, “He doesn’t have to match anything, he just puts on Wranglers and a T-shirt.”

Calendar Skills: Casey is able to state and write the days of the week, the months of the year and the holidays in each month. He also is able to state the current date.

Time Skills: Casey is able to anticipate routine events and state what time he gets up and goes to bed. He takes his shower at 9:00 every night and is in bed by 10:00. His mom stated “that he gets up by himself,” but she wasn’t sure how he woke up. Casey states, “My watch alarm goes off at 5:10 am every morning,” but he doesn’t get up until 7:00. He wears a digital watch and is unable to read a face clock. When asked if it was AM or PM, he state correctly that it was PM.

RECEPTIVE AND EXPRESSIVE LANGUAGE
Casey is unable to consistently make eye contact with the person talking to him or make eye contact with the person he is talking to. He was able to look at his mother more consistently when she was talking than to the evaluator. Casey is unable to carry on a conversation. He is very reluctant to answer questions. When asked, Casey was unable to tell the difference between a lie and the truth. He is able to follow simple directions.

SELF CARE:
Eating/Drinking: Casey is able to chew and swallow food without difficulty. His mom stated, “He doesn’t always chew with his mouth closed or talk only after swallowing his food.” Casey is able to hold his utensils properly and cut his own food.

Toileting Skills: Casey is able to appropriately use the toilet, wipe, flush, and adjust his clothing.

Grooming/Hygiene: Casey’s mom stated, “He has a routine that he goes through every night
before he goes to bed.” He is able to bathe himself independently, dry himself completely, comb his own hair, use deodorant, brush his teeth, and wash his hands. Casey is able to cover his mouth when he coughs and use a tissue to blow his nose.

**Dressing Skills:** Casey takes on and off all clothing items independently. His mom stated, “He loves to wear his Rodeo T-shirts.” When asked, Casey is able to state the size of his Wranglers and T-shirts. His mom explained, “Sometimes he needs reminders to wear appropriate clothing for the weather.” He is able to state when new clothes are needed. He stated to his mom, “Remember when I got a hole in my jeans and I needed a new pair?”

**Medical Information:** Casey is not on medication at this time. His mom stated, “He rarely gets sick, but he is able to take liquid and pill medication when he needs to.” She said, “He doesn’t always tell me when he doesn’t feel well.”

**CAPACITY FOR INDEPENDENT LIVING:**

**Survival Skills:** When asked, Casey was able to identify 14 of 30 survival signs presented. His mom stated, “He could probably identify more of them, if he was outside looking at the sign. Casey stated that he carries his library ID card in his binder. When asked, Casey was able to state his address and phone number.

**House Cleaning:** Casey is unable to state or demonstrate proper use of a vacuum, identify cleaning products for appropriate chores, use simple tools, make simple repairs, clean a toilet or tub, sweep the floor, clean the oven or the refrigerator. He is able to care for and feed his dog. His mom stated, “He feeds his dog every night.” He helped his mom clean the mirror in the bathroom once. He is able to wash and rinse the dishes and load the dishwasher. His mom said, “He hasn’t ever operated the dishwasher, but it is really easy. I’ve just never taught him.” Casey is able to unload the dishwasher and if he doesn’t know where something goes, he just asks. Casey is able to make his bed and pick up his personal items independently. His mom stated, “He always dresses behind closed doors. He is very, very modest.”

**Transportation:** Casey takes the bus to and from school but has never used a city bus. He is able to state where the bus picks him up and drops him off. If he missed the bus, he stated, “I would just call mom.” When asked if he knew when it was safe to cross the street, Casey hesitated and said, “I don’t know.” After some prompting, he agreed that he wasn’t supposed to cross the street until he had looked both ways for cars. His mom said, “I get nervous about him crossing streets, we are from a very rural area, without much traffic.” She said she was concerned that he would get too involved with what he was doing and forget to watch for cars. Casey is unable to use crosswalk indicators, he has not had any experience with them. Casey is able to distinguish his left from his right. His mom stated, “When in a car, Casey is able to state how to get back home, using landmarks.” He is unable to use his seat belt and lock the doors when he is in the car. These skills have not been stressed in the family.

**Sexual Awareness:** Casey is able to identify himself and others by gender. He was unable to state the difference between men and women, how pregnancy occurs, or about STD’s and AIDS. His mom thinks he knows more than he was letting on, but she also made the comment that she’d like to “keep him innocent.” Casey does not participate in dating nor is he involved in a long term relationship.

**Phone Skills:** Casey is able to answer the phone, dial the numbers, and make a phone call. Given a phone conversation, Casey is unable to identify himself and state the reason for calling. His mom stated, “I have to remind him to tell him who’s calling and why.” Casey has not had any experience with pay phones or making collect calls. After answering the phone, Casey is unable to take a message, unless the person calling tells him to do so. His mom said, “This is a bit of a frustration for the family.”

**Laundry:** Casey is unable to sort his laundry by color, state correct washing/drying instructions, set the correct water level, set either a washer or dryer or state when bleach is needed.
He is able to add the correct amount of detergent, fold his laundry, hang his clothing, and put his clothes away.

**Meal Planning:** Casey is unable to state the four food groups, write a shopping list, state ways to control caloric fat intake, or locate a recipe of choice.

**Meal Prep/Cooking:** Casey independently prepares snacks, such as sandwiches and pizzas which he heats in a microwave. Casey's mom stated, "Sometimes I have to remind him to wash his hands before eating or cooking." He is able to stir and to use a knife. He is currently unable to use a spatula, but his mom stated, "I've never had him try it, I think he probably could do it." Casey is unable to peel food, check to see if meat or baked goods are done, measure ingredients, use a cheese grater, or use a can opener. He is able to wash food before eating, use a toaster, use hot pads, and set the oven temperature. Casey's mom said, "He is able to follow the instructions on an oven ready pizza, but he doesn't check to see if it is done cooking. He just eats it when the timer goes off. He is unable to state the possible dangers in the kitchen.

**Shopping:** Casey is unable to carry a shopping list, compare prices of similar items, look for an expiration date, fill bulk food bags, or stay within a budget. He is able to find some items in the store. His mom stated, "He could probably find the potato chips and pop section." Casey is able to handle a shopping cart with control and responsibility.

**Home Safety:** Casey is able to stay at home alone for 3-4 hours. He is unable to locate or check a smoke detector, or state the danger of electrical appliances near water. He is unable to state what to do if the lights go out, but he is able to state the location of a working flashlight. Casey is unable to state how to change a light bulb, state the difference between poisonous and non-poisonous materials, nor regulate the temperature in the home. Casey knows when he is home alone not to answer the door to anyone. His mom states, "I'm not worried about him talking to strangers, or giving out personal information. He doesn't talk a great deal even at home." Casey is unable to distinguish the difference between an emergency and nonemergency situation. When asked, he said both scraping his knee and a fire in the house were emergency situations.

**Community Access/Awareness:** Casey is able to order a meal or drink in a restaurant independently. He is able to attend activities and community events. He stated that he especially enjoys going to rodeos, but that "church is boring." When asked the consequences of breaking the law, he stated, "You have to go to jail." Casey is able to state where the family's grocery store is but is unable to state where the library or bank is located.

**CAPACITY FOR ECONOMIC SELF SUFFICIENCY:**

**Money:** Casey is able to write and count numbers, identify larger/smaller numbers, and pay for items when given the money. He is able to state the name of each coin and bill but is unable to state the value of each. When given a written dollar amount, Casey is able to state the amount. He is also able to write a dollar amount, when told. Casey is unable to count by 5's, 10's, or 25's. Given various coins, Casey is unable to correctly identify the amount. He can multiply and divide without a calculator.

**Calculator:** Casey is able to add/subtract, multiply and divide using the calculator.

**Budget:** Casey is unable to explain the meaning of saving money. He does not receive an allowance. Casey has, therefore, not had experience spending or saving money.

**Bills:** Due to Casey's young age, he has not had any experience in this area. Nor does he need to develop these skills at this time.

**Pre-vocational:** When asked why people have jobs, after some hesitation, Casey state, "So they can earn money." He is able to explain a job he does around the house. His mom stated, "Casey does not do any homework, he completely separates home from school." She also said, "He has expressed some interest for working on a dairy." Casey has not held a job or done any volunteer work.
SELF DIRECTION:

**Attention Span:** Casey is able to stay on task for 5-10 minutes. His mother stated, “It would be harder for him if there were distractions present.” Casey is able to complete each task before moving on to another.

**Planning:** Casey is able to plan activities with a monthly calendar. His mom explained how he gets the T.V. Guide every Sunday and goes through it “to find every rodeo that will be on T.V. for the week.”

**Social Skills:** Casey is unable to state solutions to conflict. Although his mom said, “If he is angry he leaves the room.” When asked where he could meet new friends, Casey was able to answer correctly, after some prompting. When asked what activities he would do if he was lonely, he said, “I don’t know.” When his mom asked him specific question, such as “Would you play with Sassy, or play Nintendo?” he agreed. Casey was able to identify Eric as a close friend, after his mom prompted him. Casey is unable to initiate going places with friends or going to a group activity. When given a direction, he is unable to ask for clarification or say okay. Casey is able to relate today, tomorrow, and yesterday to the days of the week and to follow a personal schedule.

He is able to make choices/preferences for his likes and dislikes. Casey is able to maintain a personal space, wait in line, and keep his hands to himself. He is unable to greet others by name, participate in a conversation or say please and thank-you independently. Casey’s mom stated, “Sometimes he expresses his feelings; he says when he doesn’t want to do something.”

**Interests:** Casey enjoys Country music, rodeos, hunting, shooting his bebe gun, swimming and shooting hoops at the family’s basketball hoop. Casey plays Nintendo, watches movies and plays with his dog when he is by himself.

RECOMMENDATIONS:

**STRENGTHS**

Casey is able to throw, kick and catch a ball.
Casey is able to jump off the diving board and tread water.
Casey is able to read a book or newspaper.
Casey is able to print his address or phone number.
Casey is able to anticipate events and follow a personal schedule.
Casey is able to tell time on a digital clock.
Casey is able to follow a bedtime and morning schedule independently.
Casey is able to use eating utensils properly and set the table.
Casey is able to take care of all his hygiene needs independently and modestly.
Casey is able to pick out his clothes for the day independently.
Casey is able to swallow liquid and pill medication.
Casey is able to state the names of some survival signs.
Casey is able to carry his own identification.
Casey is able to care for and feed his dog.
Casey is able to wash and rinse the dishes.
Casey is able to load and unload the dishwasher.
Casey is able to make his own bed.
Casey is able to put his dirty clothes in the hamper.
Casey is able to state what to do if he misses the bus.
Casey is able to recognize the difference between men and women.
When washing clothes, Casey is able to add the correct amount of detergent.
Given clean clothes, Casey is able to fold or hang his clothes and put them away.
Casey is able to initiate getting something to eat, gather the items needed and make his snack.
Casey is able to boil water, stir, use a knife, set the oven temperature and timer, use hot pads, and use a toaster.
Appendix C: Example of a Developmental Evaluation Report

Casey is able to handle a shopping cart with control and responsibility.  
Casey is able to stay at home alone for 3-4 hours.  
Casey is able to order a meal or drink in a restaurant independently.  
Casey is able to attend community events and activities.  
Casey is able to state the consequences of breaking the law.  
Casey is able to state the name of each coin and bill.  
Casey is able to add, subtract, multiply and divide numbers without a calculator.  
Casey is able to identify numbers and other keys on a calculator.  
Casey is able to state why people have jobs.  
Casey is able to stay on task for 10 minutes without distractions.  
Casey is able to plan activities on a calendar.  
Casey is able to maintain a personal space, wait in line, and keep his hands to himself.

NEEDS
When swimming, Casey will float on his back.  
Given a face clock, Casey will state the time to the closest half hour.  
When being spoken to, Casey will respond to the person speaking to him.  
**When being spoken to, Casey will look at the person speaking to him.**  
When asked, Casey will state the difference between a lie and the truth.  
When asked to, Casey will demonstrate proper use of a vacuum.  
When asked to, Casey will sweep the floor.  
When crossing the street, Casey will use a crosswalk indicator.  
When in a car, Casey will use the seat belt independently.  
**Given a phone call for someone else, Casey will write down the message.**  
**When making a phone call, Casey will identify himself and state his reason for calling.**  
Given a pay phone, Casey will demonstrate how to use it.  
**Given dirty laundry, Casey will sort the clothes by color.**  
Given a loaded washer, Casey will set the machine to the correct water level.  
When asked, Casey will state the four food groups.  
When cooking, Casey will demonstrate how to measure ingredients.  
**When cooking, Casey will demonstrate how to check to see if baked goods are done.**  
When cooking, Casey will demonstrate safe use of a microwave.  
When shopping, Casey will locate different items in the store.  
Given bulk food, Casey will fill the plastic bag and label the appropriate bin numbers.  
Before purchasing perishable items, Casey will look for the expiration date.  
Given various poisonous and non-poisonous materials, Casey will state the difference between the two.  
When asked, Casey will state the difference between nonemergency and emergency situations.  
**Given coins, Casey will state the value of each.**  
Given bills, Casey will state the value of each.  
Given nickels or five dollar bills, Casey will count by fives.  
**Given a price, Casey will identify the next dollar up.**  
Given two prices, Casey will identify the greater than/lesser than of the two.  
**Given various money, Casey will count the amounts.**  
When in a group, Casey will initiate conversation with an acquaintance.  
When given a direction, Casey will ask for clarification or say okay.  
**When in a group, Casey will greet others by name.**  
**When around others, Casey will initiate conversation.**  
**Given a conflict, Casey will state 2 solutions.**  
When asked, Casey will express his current feeling.  
Given a conversation, Casey will take turns speaking.
**Prioritized Needs**

It is recommended that Casey receive 9-10 hours of individual developmental therapy a week and 0 hours of group developmental therapy to address the above prioritized needs(***) within the coming year. For a more specific/comprehensive list of developmental needs, see the assessment tool.

Evaluator: Shirley A. Jest, D.S.  Date: 6/21/98

Time: 7.0 hours  Code: 8255A
Program Plan Checklist

This checklist includes many of the items considered necessary in Individual Program Plans. It is based on the Idaho Administrative Code, IDAPA 16.04.11, Section 801. Specific Developmental Disability Agencies may require more/less information and may use different terms to identify information below.

Material in the IPP must:

- be completed only after evaluations are finished.
- be based on a Person-Centered Planning process that includes the person receiving services, a parent/guardian, and other support team members.
- promote self-sufficiency and personal choice in objectives and activities.
- encourage the person’s participation and inclusion in community activities.
- list the person’s goals, interests, and choices.
- list the person’s accurate, current, and relevant developmental and behavioral strengths.
- list the person’s accurate, current, and relevant developmental and behavioral needs.
- list the person’s prioritized developmental and behavioral needs. Priorities should be set based on the person’s preferences.
- include objectives that correspond to prioritized needs.
- include objectives that are stated clearly in observable and measurable terms.
- name the professional who is responsible for each objective.
- identify the review date (optional) and target date for completion of each objective.
- identify the person receiving services by his/her full name.
- include a signature from the person receiving services.
- include a medical diagnosis of the person receiving services (preferably with a DSM code).
- include the physician’s signature.
- describe the type, amount, and duration of all therapies.
- include the names and titles of all persons present for the support team meeting.
- include the date of the support team meeting. (NOTE: The date of the support team meeting must precede the start of services.)
- include the individualized transition plan.
- be copied to the person receiving services and parent/guardian (and others on the support team who request a copy).

1 This checklist was adopted from the 1/22/96 draft of the Rules and Minimum Standards Governing Developmental Disabilities Agencies.
Appendix E

Sample Written Behavioral Objectives
### Sample Behavioral Objectives

Review the list of unsatisfactory and satisfactory behavioral objectives below. Refer to Module 6 for information on how to distinguish between unsatisfactory and satisfactory behavioral objectives, and how to write satisfactory ones.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Problems with this objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dave will learn to ride the bus.</td>
<td>The statement is too general. A more specific alternative might be “Dave will independently complete all steps in the task analysis for riding the bus (see task analysis) without an escort for 10 consecutive bus rides.”</td>
</tr>
<tr>
<td>Julia will strip the bedspread and blanket, place them on the chair, remove the sheets and pillow cases, place the pillows on the chair, put the sheets and pillow cases in the hamper, center the fitted bottom sheet on the bed, fit the bottom sheet around the bed, center the top sheet on the bed, tuck the top sheet in at the sides and at the bottom, center the blanket on the bed, tuck the blanket in at the bottom, turn down the top of the top sheet, center the bedspread . . .</td>
<td>The statement is too specific. Merely refer to the steps of the task analysis and finish the statement. For example, “Julia will independently complete all steps of the bedmaking task (see steps in the task analysis) with at least 80% accuracy for five consecutive bed-making sessions.”</td>
</tr>
<tr>
<td>Debbie will not talk to strangers 80% of the time for 3 consecutive months.</td>
<td>The mastery criterion (80% of the time . . .) is not high enough. It allows Debbie to talk to strangers 100% - 80% = 20% of the time. Also, to say “80% of the time” is a bit vague (what if no strangers were encountered?). A better objective might be “During one-hour trips to the mall scheduled once per week, Debbie will not talk to strangers at any time for five consecutive trips.”</td>
</tr>
<tr>
<td>Tara will maintain eye contact 100% of the time for 3 consecutive months.</td>
<td>The mastery criterion (100% of the time for 3 consecutive months) is too high. Most people maintain eye contact during one-on-one conversations about 50% to 80% of the time. A better objective might be “During conversations with staff and peers, Tara will maintain eye contact in at least 50% of the paraprofessional’s observations for five consecutive conversations.”</td>
</tr>
</tbody>
</table>

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1 Material in this sample list was adopted from inservice training information received from Community Partnerships of Idaho, Inc.
| Crystal will choose activities. | The statement is too vague. More specific information is needed, although it will depend on the choice-making skills and communication modality of the learner. A more specific alternative might be “When presented with two alternative activities pictured on a choice board, Crystal will point to her chosen activity in at least 8 out of 10 choice situations.” |
| Josh will complete steps of his laundry task (see task analysis) once per week for eight consecutive weeks. | It is a good idea to describe how much, if any, assistance Josh will receive from others. If the objective is to teach him to do the task independently, then say so. For example, “Responding only to natural cues, Josh will independently complete all steps of his laundry task (see task analysis) once per week for eight consecutive weeks.” |
| When presented with a pile of unfolded towels, Emily will independently complete all steps of the folding task (see task analysis for steps). | It may be necessary to add more information to the mastery criterion, i.e., how many sessions must Emily complete the steps? For example, When presented with a pile of unfolded towels, “Emily will independently complete all steps of the folding task (see task analysis for steps) for four consecutive days.” |
Appendix F

Task Analysis Form
## Task Analysis Form

**Learner:** ______________________________

**Site:** ______________________________

**Contact Person:** ______________________________

**Specialist:** ______________________________

**Task:** ______________________________

**Description:** ______________________________

<table>
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<tr>
<th>Cues</th>
<th>Functional Steps</th>
<th>Speed Requirement</th>
<th>Quality Standard</th>
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**Potential problem areas:**

_____________________________________________________________________

**How to address problems:**

_____________________________________________________________________
Appendix G

Sample Graphs
### RECORDING FORM: QUALITY RATINGS

**LEARNER:** __________________________  **NAME OF PROGRAM:** __________________________

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<th>Scoring code for employee's performance:</th>
<th>3 ➤ Marginal quality (60-79%)</th>
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<tr>
<td>5 ➤ Matches or exceeds standard (100% or more)</td>
<td>2 ➤ Low quality (40-59%)</td>
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<tr>
<td>4 ➤ Near standard (80-99%)</td>
<td>1 ➤ Poor quality (0-39%)</td>
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# RECORDING FORM: LEVEL OF ASSISTANCE

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**NAME OF PROGRAM:**

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<td>4 - Telling (verbal) prompt</td>
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<td>2 - Brief tap or touch prompt</td>
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<tr>
<td>1 - Physical guidance needed</td>
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Appendix H

Behavior Assessment Form
Behavior Assessment Form

Name of learner: ____________________________

Date: ____________________________

Specialist: ____________________________

Implementor(s): ____________________________

Name of the harmful/disruptive behavior (the one to decrease):*

Definition of harmful/disruptive behavior:

Recording procedure:

When/where will you record the occurrence of this behavior?

*Sometimes, specialists may not specify a behavior to decrease, but merely an appropriate, alternative behavior to increase. If this is the case, leave the above section blank and fill out the section below.

Name of the appropriate, alternative behavior (the one to increase):

Definition of an appropriate, alternative behavior:**

Recording procedure:

When/where will you record the occurrence of this behavior?

**Check Module 11 for details on how to identify appropriate, alternative behaviors.
Appendix I

IDAPA Rules Governing Developmental Disabilities Agencies

Appendix J

Index of Terms
Appendix J: Index of terms

Index of Terms

Abuse - reporting requirements: 24-25, rules governing - Appendix I.

Advocacy: definition 17, notification of services 23, rules governing - Appendix I.

Acquisition stage: definition 101, 107; delivering instruction in this stage 107-109.

Alternative behavior: definition 132, accomplishing the same function as a harmful/disruptive behavior 136, use in behavioral interventions 152-157, troubleshooting 157.

Alternative communication: increasing alternative communication in a behavioral intervention 152-153.

Alternative ways to get attention: in a behavioral intervention 154.

Antecedent: definition 131, 132; questions to ask about behavior 135, 137; problems in identifying 137.

Assertive communication approach: 182-187.

Assistive technology: definition 1, 6; developmental specialist’s role 6; as an intervention technique 58; resources Appendix B.

Autism: definition 2, characteristics 9-10, self-stimulatory behavior 155.

Baseline phase: definition 31, 33; graph 34; relationship to probe assessment 91; relationship to acquisition stage 101; relationship to prompting methods 109-110; before starting behavioral intervention 137; graphing of 150.

Behavioral interventions: 147-157, rules governing - Appendix I.

Behavioral objectives: definition 51, 57-58, 65; writing of 66-71; important factors 66; components 66; use of specific language 69-71; mastery criteria 70-71; samples Appendix E; relationship to data recording procedures 93; developmental specialist’s role 172, 177; rules governing - Appendix I.

Cerebral palsy: definition 1, characteristics 8-9.


Communication skills of specialists: use of effective communication in delivering instruction 102-104; use of effective communication with other staff 135, 147; in crisis management 158; types of interpersonal communication problems 167-177; principles of interpersonal communication 178-181; assertive communication approach 182-187.

Confidentiality: definition 17, as a protected right 21, maintenance of 25, as an ethical principle 174, rules governing - Appendix I.
Appendix J: Index of terms

**Consequence**: definition 131, 132; understanding importance in choice making 18-19; as a positive reinforcer 101, 105, 132; positive 132; negative 133; neutral 133, questions to ask about behavior 135-137; problems in identifying 139; use in interventions 142-147.

**Correcting errors**: 112.

**Crisis intervention procedures**: 158-160.

**Developmental assessment**: definition 31, 32, 37; training to conduct 32; use 40-41; rules governing - Appendix I.

**Developmental Disability**: definition 1, important considerations 5, history 2-4, future 4-5, rules governing - Appendix I.

**Developmental Disability Agency**: rights of persons receiving services from 22, policies concerning confidentiality 25, development of assessment methods 41, job descriptions of developmental specialists and paraprofessionals 170, rules governing - Appendix I.

**Developmental evaluation report**: writing of 42-45, sample - Appendix E, rules governing - Appendix I.

**Developmental Specialist**: definition Introduction p. v, Appendix I; role in use of assistive technology 6; role in choice making 18; role in developmental assessment 32, 41; writing the developmental evaluation report 42; role in creating a plan to achieve life goals 51, 52, 57; participant in IPP process 54, 58; role in providing and supervising developmental therapy 101; role in carrying out behavioral interventions 147; supervision of paraprofessionals 169; examining job descriptions 171; responsibilities as supervisors 169; rules governing - Appendix I.

**Developmental therapy**: definition 101, principles that guide 102, rules governing-Appendix I.

**Disruptive behavior**: definition 131-132, examples 136.

**Environment**: least restrictive 1; community 3, 24; separate/segregated 24; natural cues in 74, 121; fading cues in 122; positive social environment 133; level and type of stimulation in 139; debugging as a behavioral intervention 156-157.

**Epilepsy**: definition 2, characteristics 9.

**Ethical principles**: 174-177, rules governing - Appendix I.

**Fading assistance**: definition 121, 122; importance 122; when to fade 122; by reducing prompts 123; by substituting other cues 124.

**Frequency recording**: definition 81, 84-85; conversion to rate 85.

**Functional analysis**: definition 132, 140.

**Generalizing skills**: definition 121, 128; guidelines 128-129.

**Harmful behavior**: definition 131, examples 136, troubleshooting 158.
Appendix J: Index of terms

**Individual Program Plan (IPP):** definition 51, 53-54; description 3, 31, 53-59; purpose 54; critical features 54; participants 54; relationship to developmental assessment 40; components 56-59; prioritized needs included 44; critics of IPP process 54; Person-Centered Plan as an alternative process 55-56; similarities/differences in comparison to Individual Education Programs (IEPs) 61; developmental specialist's role 170-173; rules governing - Appendix I.

**Informed consent:** definition 17, 20-21, rules governing - Appendix I.

**Instructions to staff:** clear instructions 185-187, types 186-187.

**Instructional phase:** definition 31, 33; relationship to levels of assistance provided 87; relationship to probe assessment 91.

**Interpersonal communication:** principles of 178-181.

**Job descriptions:** understanding 170-173, IDAPA definitions and descriptions - Appendix I.

**Least restrictive environment:** definition 1, 17, 24; and IEP 11; rules governing - Appendix I.

**Least-to-most prompting:** 110.

**Level of assistance ratings:** definition 81, 87; sample form - Appendix G.

**Maintenance:** definition 101, 121; how to maintain skills 121.

**Mean:** definition 37, 38.

**Median:** definition 37, 38.

**Mental retardation:** definition 1, characteristics 7-8.

**Mixing easy and hard tasks:** as a behavioral intervention 155-156.

**Mode:** definition 37, 38.

**Most-to-least prompting:** 109-110.

**Negative reinforcement:** definition 131, 133.

**Norms:** definition 37-38, norm-referenced tests 38.

**Percent correct:** definition 81, 82-83; sample form - Appendix G.

**Percentile rank:** definition 37, 38; graph 39.

**Personal Goal:** definition 51, 57; characteristics 57; in Individual Education Plan (IEP) 11; specialist's role in identification 51-53, 57; in PCP process 55; relationship to strengths and prioritized needs 56; relationship to behavioral objectives 58; relationship to Individual Transition Plan 59.
Appendix J: Index of terms

Person-Centered Planning (PCP) process: definition 51, 55; characteristics 55; differences and similarities compared to IPP 55-56, rules governing - Appendix I.


Picture cues: 125.

Positive reinforcement: definition 101, 131, 132; fading of 124; types 142; used in interventions 152-156.

Positive reinforcement for absence of disruptive behavior: as a behavioral intervention 155.

Positive social behavior: definition 131, emphasis on 133, use in combination with interventions to decrease harmful/disruptive behavior 147, strengthening behavior of children 158.

Prerequisite skills: definition 37, 44.


Probe assessment: definition 31, 33; recording probe data 91.

Punishment: definition 131, 133.

Quality ratings: definition 81, 87; sample form - Appendix G.


Self-instruction: 125.

Standardized assessment: definition 31, 32; use 32; description 38; standard scores 39; rules governing - Appendix I.

Standard score: definition 37, 38; graph 39.

Supervision of paraprofessionals: 167-191, rules governing - Appendix I.

Support team: definition 1, 51; role with children 3, 11; person’s creation of own team 4; team’s role in use of assistive technology 6; role in development of IPP 54-58.

Task analysis: definition 73, relationship to behavioral objectives 65; components 74-75; how to analyze a task 76; example of 77; relationship to data collection 81-87, 94; relationship to delivering instruction 105, 108; relationship to fading assistance 123; form - Appendix F.

Time delay: 125.

Timing tasks: definition 81, 83.

Troubleshooting instructional problems: 116-117.

Troubleshooting behavioral interventions: 157.