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GUARANTEEING GROWTH IN THE COMMUNITY: ENCOR'S
DEVELOPMENTAL PROGRAMS

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EASTERN NEBRASKA COMMUNITY OFFICE OF RETARDATION

At this time, it seems that the nation is on the verge of a "paradigm shift" (Kuhn, 1962) with regard to the human management of our retarded fellow citizens, both children and adults. More and more families, professionals, politicians, and social planners are seriously questioning the mental retardation institutional model that has had a long and checkered history in this country (e.g., Wolfensberger, 1969, 1972). The questions center on issues of both human rights and compatability with modern knowledge regarding human development in general. Put simply, more people are asking whether it is either right or efficacious to attempt to establish "normal" behavior in abnormal environments. A large number of court cases are underway to challenge traditional mental retardation management systems as a result of landmark court cases related to "right to education" (Pennsylvania Association for Retarded Children vs. the Commonwealth of Pennsylvania, 1971) and the provision of treatment involving "least restraint" (Wyatt vs. Stickney, 1972). The momentum of institutional "solutions" to the "problem" of mental retardation is on the verge of being checked (e.g., Policy Statement on Residential Care, National Association for Retarded Children, 1972).

Normalized community-based services for all retarded citizens have emerged as the paradigmatic alternative to institutional models. Increasingly, communities are investing their human energy and resources in local, comprehensive alternatives. Many community mental retardation agencies are being

formed to provide these services; but, in order to avoid the establishment of "mini-institutions" within town boundaries, these agencies and their confederates must design into their systems means of guaranteeing their clients maximum involvement with the mainstream of the community. These guarantees are particularly critical in the area of early childhood education--where human development, both delayed and non-delayed, is most plastic.

ENCOR: Foundations and Programs

The Eastern Nebraska Community Office of Retardation (ENCOR) is a five-county regional agency established in 1970 to provide direct and/or indirect services to all retarded citizens within the region. This commitment is made to retarded citizens currently living within the region as well as to those who were placed in the state institution prior to the availability of local alternatives. "Direct" services include developmental-day programs for youngsters, vocational training for adults, and a continuum of residential services for both children and adults. "Indirect" services comprise such diverse support services as family and client counseling, transportation, developmental evaluation, medical services, recreation, speech and physical therapy. Through selective combinations of both direct and indirect service types, the likelihood of meeting unique client needs is maximized. At the same time, the agency avoids providing services which an individual does not need or which he can receive from other sources in the community.

The philosophical base of the agency's work is the principle of normalization, which requires the "utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (Wolfensberger, 1972, p.28).

Four corollaries of the normalization principle should control the design of a community service system (Dybwad, 1969; Wolfensberger, 1972). I will limit my discussion of these factors primarily to ENCOR's developmental programs for children, although their relevance to other service types is equally applicable. (Figure 1 is a schematic picture of the links between the various ENCOR services).

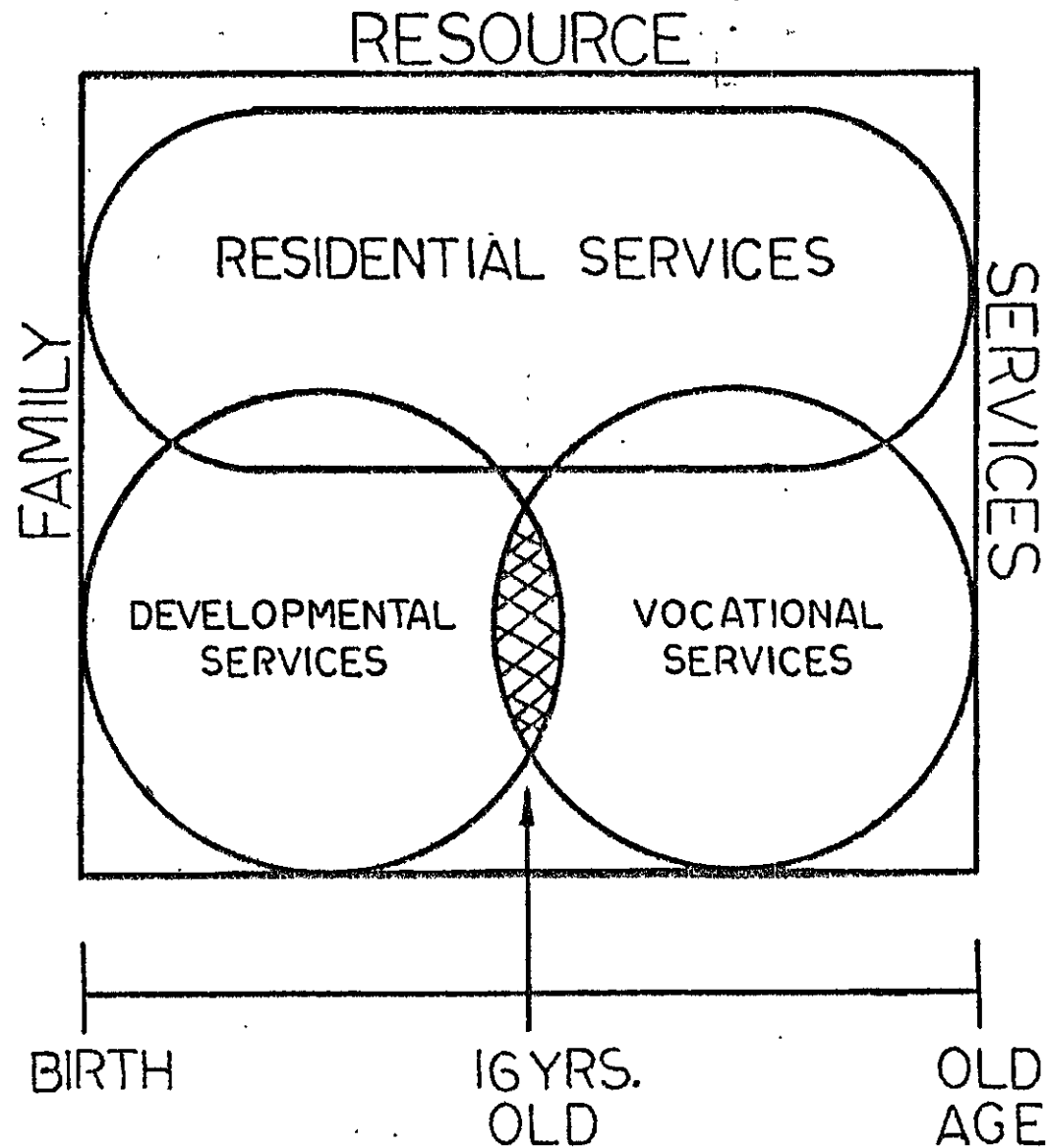
 Insert Fig. 1 About Here

1. Programs for retarded individuals should be dispersed throughout the larger community as much as possible. By dispersing services, individuals are assured better access to these and other services. And because retarded citizens live, attend school, and work throughout the communities, community exposure to and involvement with the mentally retarded citizen is increased. Through dispersal of services, the likelihood of congesting handicapped citizens in one area is reduced. At this time, ENCOR's programs for delayed children includes six small Developmental-Day Centers (four in Omaha, one in Fremont, and one in Bellevue), one Behavior Shaping Unit (maximum of eight residential students) and one Developmental Maximization Unit (maximum of 16 severely-profoundly retarded, non-ambulatory residential students). The students attending the Developmental Centers are presently quite heterogeneous in terms of their ages (18 months to 16 years) and degree of handicapping conditions. Approximately half of the 165-plus students attending the Developmental Centers are below school age. The remaining students are excluded from public education because of degree of retardation, behavior problems, or multi-handicapping conditions.

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Figure 1. The schematic shows the interlock of ENCOR component services across a client's life-span.

ENCOR ARRAY OF SERVICES



2. Services for retarded individuals should be specialized to meet unique configurations of individual needs. Our present developmental centers are considerably more "specialized" than the student's home or the state institution. The Behavior Shaping Unit and the Developmental Maximization Unit are more highly specialized than the Developmental Centers and serve as developmental facilitators which allow children to acquire skills necessary to progress to the Developmental Centers, as well as to other more normalized environments.
3. Services for retarded citizens should be as integrated into comparable services for the non-retarded population as possible.
 - o Integration here includes social and physical factors with whatever support system is required to maintain the involvement and to guarantee continued development. In this country, there are heartening signs of movement toward the integration of normal and delayed children within early childhood education programs, such as Headstart. Emerging research on models of integrated education of preschool-age children, though sparse, is extremely encouraging (e.g., Bricker & Bricker, 1971, 1972). At this time, ENCOR staff are actively working with staffs of several local early education programs to implement the transfer to preschool-age delayed children into those normalized settings. We recognize, however, that a great deal of thought, planning, and inter-staff preparation must precede systematic early educational integration. A resource-support system, designed to guarantee maintenance and growth of delayed children in normal educational environments must be available and effective at the time of placement.

The model of the developmental center, as it is presently represented in the ENCOR system, can be seen as a last-resort "platform" supporting movement into more normalized educational services (such as, normal preschools, public school classes, vocational training). We plan, however, that this model, because of segregation factors, will become much more highly specialized and less dominant with regard to the educational options we can offer delayed children and their families in the near future.

4. The demand that a system plan for a continuity of service types speaks to both inter-agency and intra-agency functions.
 - Inter-agency continuity refers to the link-up between different service systems to assure client movement from one to the other. Agency duplication of quality services, aside from being silly, represents an unnecessary drain on both manpower and fiscal resources. ENCOR places high value on coordinated efforts with available generic services in the community (such as, public schools, YM/YWCA, normal preschools, private industry, welfare, etc.)

Intra-agency continuity relates to the internal design of continua of service and support models that allow for effective training and efficient movement from one model to the next, more advanced, component in the sequence. Continuity in the realm of residential services, for example, is especially critical for both children and adults. ENCOR has

never incorporated the term "halfway home" into its vocabulary. The continuum between an institutional ward and a normal home or independent living can be broken down into many more chunks (and labeled appropriately) depending on client age and degree of training and support needs. Continuity of educational programs for children in ENCOR is evolving, including highly intense training programs (The Behavior Shaping Unit, The Developmental Maximation Unit), intermediate specialization (Developmental Centers), and supported alternatives (coordination with normal early education programs, Headstart, public schools). Other unmet needs on the educational continuum are recognized and will have to evolve in the near future unless other community systems take the initiative. (Figure 2 shows the current flow potential for continuity of developmental/educational services available through ENCOR.)

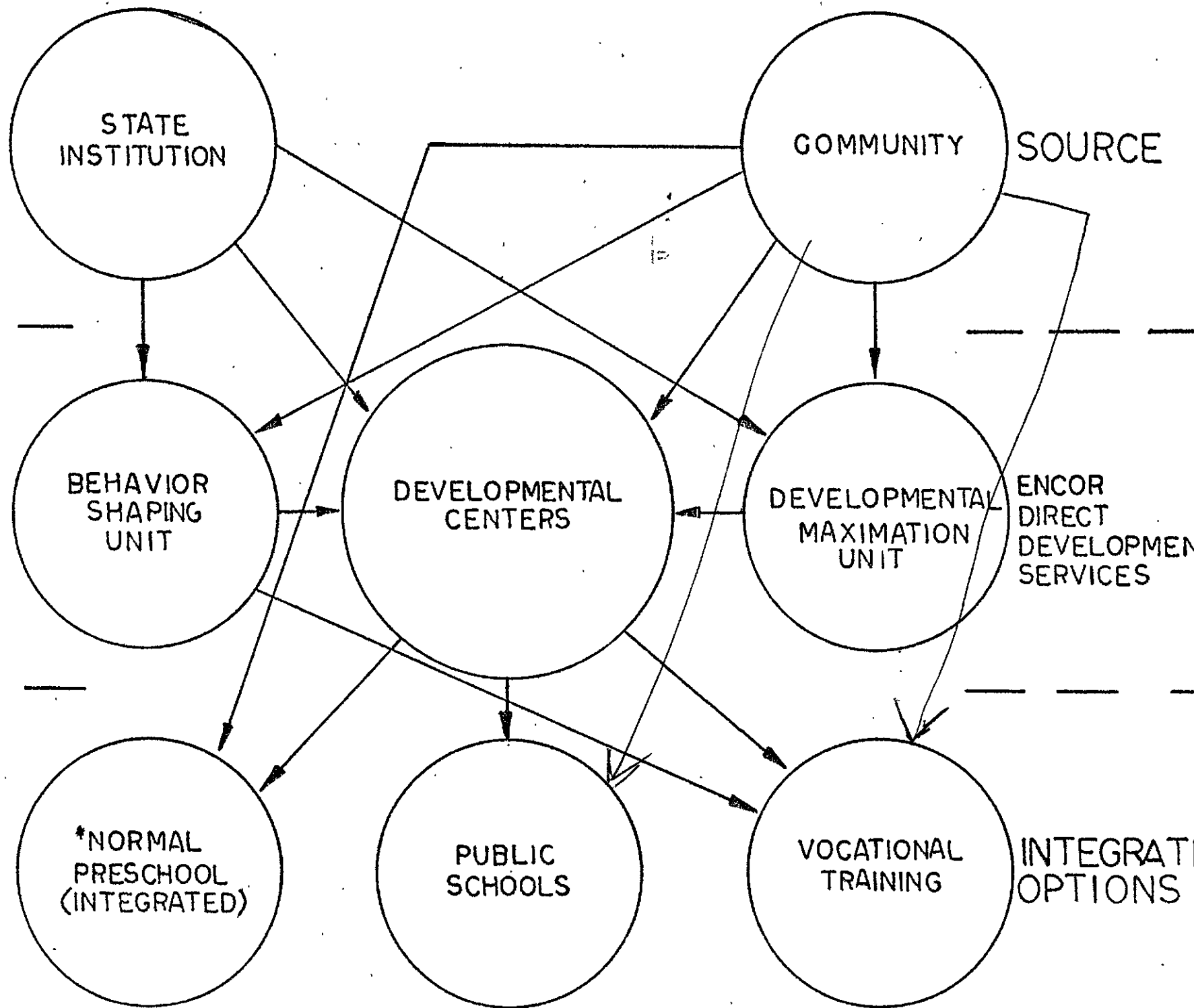
 Insert Fig. 2 About Here

Whether we're talking about inter- or intra-agency continuity, one objective must be constantly emphasized: mental retardation service systems should never allow a cul de sac program from which no advanced type exists or is planned. We should never have planned the tragedy of a special education program which allows a delayed teenager to graduate into a life of boredom, dependency, and TV-watching.

Summary. The principle of normalization, along with the corollaries it implies, is a recent invention (see, Kugel and Wolfensberger, 1969; Wolfensberger, 1972). By no means is the principle an exclusive property

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Figure 2. Children can move through ENCOR Developmental programs along multiple paths. As ENCOR and other community agencies expand and refine their options, these paths, and their related programs, will change.



of mental retardation, as Wolfensberger (1972) clearly points out. It should dictate service system designs and programs for all areas of handicap and "deviancy." In the area of MR services, the principle effectively assists us in the design of contexts of program operation. However, without innovation and skill at the program level, the normalization principle will wind up being a passing and empty promise, of historical interest alone.

In the next section, I would like to share some ideas regarding fundamental educational values that I feel must be internalized by program administrators and client managers before technological skills can be truly productive.

FUNDAMENTAL EDUCATIONAL VALUES

All educators, but most especially those committed to facilitating the behavioral growth of developmentally delayed youngsters, must internalize and act upon a conscious set of basic values. Some of these values might be better described as "beliefs," others as "expectations" or "responsibilities." Whatever we call them, I am certain that program success (and, therefore, student growth) cannot be fully guaranteed without their implementation. The list that follows shouldn't be considered exhasutive; perhaps you can add a few of your own.

Intelligent optimism. After a talk I gave to a group of parents a while back, a mother approached me and asked me a question many of us have heard often, "where can I have my son evaluated?" I asked her why she wanted the evaluation. "Well," she replied, "I want to know what his potential is, what his limitations are." Such questions have come to trouble me deeply. I tried to explain to her that "evaluations" ought to be seen

as assessments of the child's current level of development, and that it really wouldn't be fair to the youngster to assume any wide ranging limitations on his eventual development. Teachers, as well, are influenced by this negative use of the term "potential."

Allow me to illustrate my concern. At age five, a young boy entered our community services having spent most of his first years in the standard ward environment of our state institution. As a child born with a rare form of hydrocephaly, barely able to walk, unable to speak, he was labeled "severely retarded" and was given a dismal prognosis for any eventual development. After a year in a Developmental Center and living in a normalized home environment (hostel), he was enrolled in a class for trainable children in public school special education. Today he is succeeding in school, walks very proficiently, and speaks in sentences. He is now only "moderately retarded." What will his label be a few years from now? Our experiences with Mike, ^{partly} because his development was especially dramatic, ^{we have become} have led us to be even more cautious regarding statements of long-term attainment and limitations. Was ^{he} Mike "mis-evaluated"? I think not. At the time of his initial evaluation, ^{he} Mike met all of the criteria necessary for the label that was assigned to him. Rather, I think that the assumptions regarding human development on which such labeling processes are based are shaky to say the least.

In the closing frames of an excellent film on training self-care skills (Genesis, 1971), the following words are superimposed over the face of a young retarded boy: "I was born a step behind, my only limitation is time." I would prefer that our teachers assume that given enough time and skilled instruction, all of our students, including the profoundly

retarded ones, could "catch up." And, as our instructional skills improve, it should take less time to catch up. Teachers of retarded children must believe that the next small step in any child's development can be taken, even if we cannot always predict how long it will take to complete that step. Thus, a teacher of delayed children must internalize two basic assumptions: (1) the child can learn, and (2) the teacher can be instrumental in that learning process. Without this pre-requisite optimism, the following values reduce to empty rhetoric. Olshansky (1972) says it very nicely: "we still know very little about the process of changing behavior, and we still have very little firm knowledge which would justify an attitude of pessimism [Page 157]."

Educational responsibility. Optimism alone will not get the job done, however. The teacher has to take responsibility for meeting instructional objectives or for adjusting those objectives when they appear to have been defined inappropriately. When the children meet the educational goals set for them, ~~the teacher~~ ^{educators have} has the right to receive credit for that accomplishment along with the child; but when the child does not meet the objectives determined for him, it is the ~~educational planners~~ ^{educators} that must bear full responsibility and not the child, ~~himself~~. This philosophy guarantees some frustrations for teachers, but any other position opens the door for institutional alibies for failure. For too long, Education has gotten away with taking credit for success and blaming the children for their own failure. The whole list of psychological, neurological, and psycho-educational "diagnoses" has been used at one time or another to account for a child's failure to learn. ("After all, he's retarded"; "what can I do, he is brain damaged"; even "you have to catch him when he is in a good mood.") Our shoulder-shrugs and our everyday conversation often reflect our failure to assume educational responsibility. Concepts such as "potential" and "limitations"

should be more often directed to the state of our instructional skills than to the content of our students' heads and genes.

Common and unique objectives. All teachers of retarded children must be familiar with the developmental "ladders" that children need to master in order to become more functionally independent and prepared for life in the community. The sequences of general skill mastery involved in motor, language, sensory-perceptual, and social development are moderately well understood at this point. Knowledge of these sequences helps us determine the next educational goal and to plan our overall curricula.

But within the framework of the developmental schema, we have to operate on the basis of each child's uniqueness and set his instructional objectives accordingly. These "individual" differences dictate both the effective ways in which the material is designed and presented and effective motivational techniques centering on behavioral consequences and the way in which their functions are acquired. The education of retarded children requires an eye toward individually tailoring classroom consequences (Haughton, 1967) as well as attention toward programming curriculum on the basis of individual student performance.

Recently Phyllis Chandler and her teaching staff at ENCOR's Benson Developmental Center developed a graphic way to focus the attention of both the teachers and the children's parents on each child's common and unique educational goals. As is the case in our other developmental centers, the ages of the students at the Benson Center range from approximately 18 months to 15 years. Consequently, the long-term goals for each student will vary

according to his chronological age. Educational objectives for those older youngsters, especially those who have been continually rejected by the public schools, center mostly on preparation for eventual vocational training. Goals for others of the youngsters involve placement in public schools. Finally, in the case of the youngest children, the teachers hope to prepare the students for acceptance into normal community preschools. In each case, the next likely educational environment beyond the Developmental Center has somewhat differing expectations and criteria for admission. (Examples of the objectives displays appear in Figure 3.)

 Insert Fig. 3 About Here

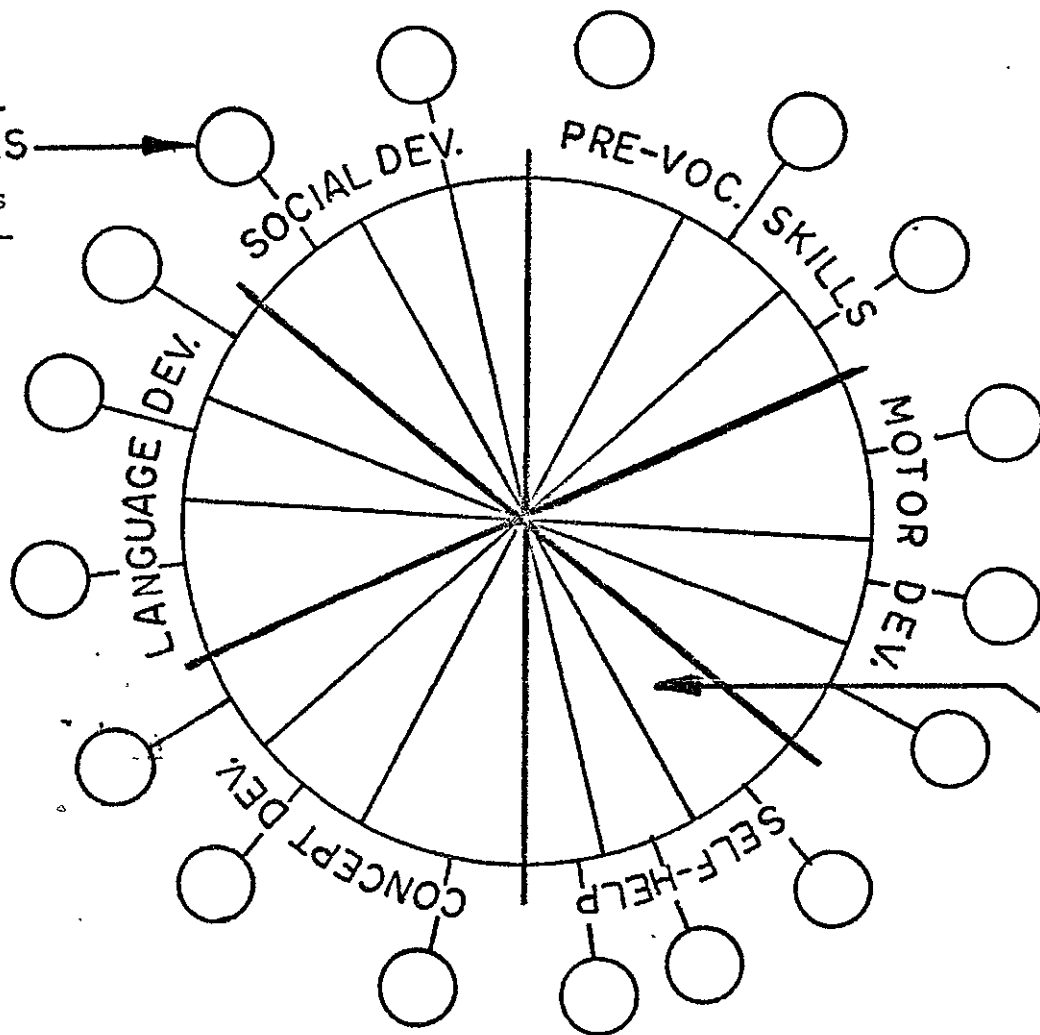
The next level of goal-setting involves the design of a developmental "pie," each major slice of which relates to one of the broad areas of human development (such as language development, motor development, etc.). Within each slice of the total pie, the staff agreed upon behavioral objectives that would represent achievement of some minimal criteria for that area of development. Finally, the developmental pies are individualized by extending from each slice a statement indicating the current, specific objective the teacher is trying to reach with the child. By displaying developmental and individualized pictures of educational goals, both the teachers and the children's parents can see at a glance where the child is currently performing and how far he has to go in order to meet the criteria for the long-term placement goals.

This idea for a graphic display of educational goals originated from a group of teachers and their supervisor. And by sharing their creative planning, this staff could see their ideas quickly disseminated among other similar facilities within the ENCOR system. Such innovativeness attests to the teachers' intense concern with common and unique educational objectives.

Figure 3. These simplified schematics show one way that common and unique developmental objectives can be displayed. The representative behaviors indentified as "terminal objectives" could vary, depending on differences in expectancies in different communities. The wall-mounted displays can be further individualized by attaching a photograph of the child involved.

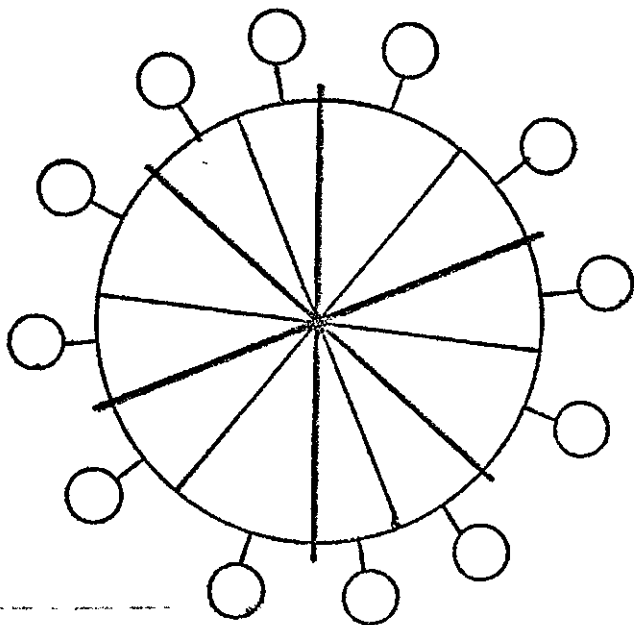
**CURRENT
INDIVIDUAL
OBJECTIVES**

(e.g., follows
group instruc-
tion)

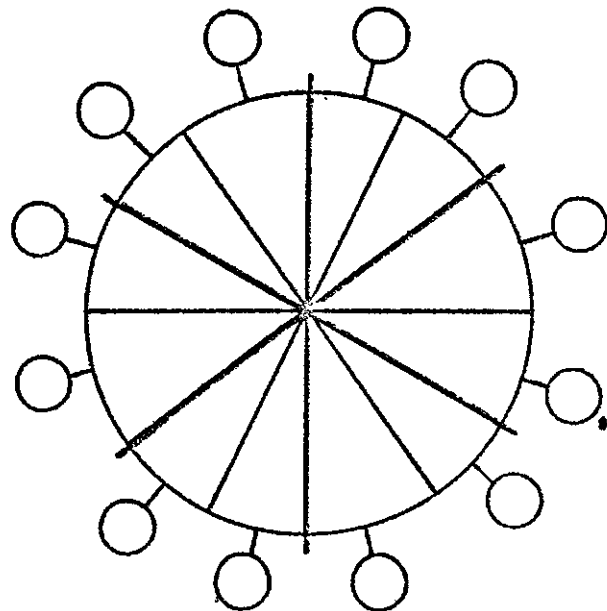


**TERMINAL
OBJECTIVES**
(e.g., uses
dominant hand in
fine motor tasks)

WORKSHOP GOALS



PRESCHOOL GOALS



PUBLIC SCHOOL GOALS

Experimental attitude in a classroom. Visitors to our facilities often comment on the extent of decision-making responsibility assigned to the classroom teachers. True, we have no lock-step curriculum through which all of our students and teachers must march. This state of affairs exists, in part, because no such "curriculum cook book" is available for severely and profoundly retarded children. In our attempts to improve our current state of educational planning, however, we should discern at least two levels of decision-making. At one level, we must decide on a sequence of program objectives (e.g., "discriminates the words big and little" or "speaks in two words sentences, noun plus verb"). The design of overall sequences of program objectives ("ladders") may be quite involved and be the result of a level of child development scholarship that cannot be expected of every classroom teacher. It is neither fair nor reasonable to expect each teacher to design elaborate sequences of such objectives to cover all the broad areas of child development. In addition, broad developmental program objectives ought to be standard for all our retarded students, with each student fitting into a sequence at some point on the continuum.

The second level of decision-making relates to instructional procedures, involving both the determination of immediate, individualized objectives and the selection of the educational methods most likely to be successful in achieving the immediate objective. It is at this second decision level that maximum flexibility and latitude must be reserved for the teacher. It is here that the teacher must "experiment" with each child to discover the most effective materials, instructions, and behavioral consequences that will hasten the learning process and eventual movement through the sequence of program objectives.

An experimental approach means, simply, the systematic exploration of new

ideas, and does not exclude any hypothesis-generating philosophy of education. In fact, we have teachers in our program who come from a wide variety of backgrounds and who have a wide variety of teaching philosophies. A Montessori-trained teacher can be as probing and experimental as one whose training has been in the area of behavior analysis. By precluding individuals who represent certain philosophical orientations, we may be losing exciting new innovations in the effective education of delayed children. A dynamic educational program should be flexible enough to incorporate such teacher variability, but also require that each teacher demonstrate accountability through growth in student performance. In no case should "experimentalism" become a euphemism for chaos or a cover for dogmatism.

Charting the course of human growth. In order to realize the values discussed above, teachers and others concerned with student growth need a set of tools which allow them to magnify and project that growth. If we cannot see and remember behavioral change - even when it's occurring - it's difficult to maintain a spirit of optimism. If we are ignorant of individual performance levels and trends, we cannot completely fulfill our responsibility to each student. Once educational objectives are identified, only the child can tell us whether our selections were wise, and only then through his behavior over time. Finally, if we expect teachers to probe and experiment for better ways to help their students develop, we must insure that they have tools available which assist them to be careful and systematic in their daily explorations. ENCOR staff in all program areas, especially in our educational services, are using the system of precision teaching to chart and project client growth toward more normalizing behavioral objectives.

An overview of precision teaching. In 1965, O.R. Lindsley and his students at the University of Kansas began developing a system of data-based instruction that came to be called "Precision Teaching". Precision Teaching began to evolve after it was recognized that classroom teachers need to maintain direct and continuous measurement of their students' behavioral growth if individually-tailored education were to become anything more than a vacuous slogan. At least three basic pre-requisites seemed to be important considerations: first, performance measurement techniques have to be offered to teachers in such a way that teachers can independently maintain the individualized measurements without having to rely on "trained observers" who are not natural inhabitants of the classroom ecology. Secondly, the format of the measurement system should be standardized in order to maximize communication among teachers, parents, and resource personnel. Finally, the measurement of classroom performance should help to involve more dynamically the teacher and her children in flexible educational planning. Integrated measurement must facilitate the learning process and not serve solely as an historical record of success or failure. As a result, the performance measurement system must involve frequent monitoring of individual progress. The four basic steps in implementing precision teaching are the following:

- 1) Pinpoint. In any problem-solving endeavor, the first step involves defining the subject-matter. In precision teaching, pinpointing refers to the specification of the behavioral movement cycle which the student is currently exhibiting too often or not often enough. The objective is defined, then, in terms of accelerating or decelerating the pinpoint. For example, an academic pinpoint might be "Tommy points to the named picture card" or

"Mary correctly imitates a vowel sound." Management pinpoints are usually those movements which interfere with desirable development or are dangerous to the student or others. Examples of these deceleration pinpoints might be "Jane strikes other children" and "Kenny falls on floor and cries." The emphasis, however, is always on the acquisition and strengthening of those behaviors involved in normal development. It is stressed to the staff that the tools of precision teaching are not to be used as we would a fire extinguisher, only in times of crisis.

2) Record and Chart. The second step calls for the manager to count each occurrence of the pinpoint and to record the amount of time (in minutes) that the observation period consumed. For some academic pinpoints, the observation period might be as brief as one minute. Certain management pinpoints might require a watchful eye for the entire school day. The time dimension of the recording is critical, because it allows us to derive a sensitive datum of performance: frequency (movement cycles per minute).

The student's performance frequency is then transferred to a standardized behavior chart to provide both the teacher and her student with a visual summary of the student's growth over time (usually calendar days). The display helps the teacher chart an educational course for the student, to determine conditions and procedures which facilitate adequate growth, and to compare the progress of different students in the same curriculum areas.

3) Change. When the chart indicates that the student is not being responsive to the educational environment arranged for him, it is the

teacher's responsibility to decide what changes in that environment might better support the individual student's growth (procedural decision-making).

Since precision teaching is a system of measurement and not a theory of remediation, any theory can contribute hypotheses for the best change plan. The only requirement is that the change plan lend itself to replication, that it be described in a way understandable to all. The teacher might appeal to Montessori, Piaget, B.F. Skinner or Zen Buddhism for the source of her ideas, which is fine, as long as she can describe what she is doing in basic English. By being descriptive with regards to educational objectives and procedures, we can all share our personal expertise and success.

4) Try, try again. Finally, we must confront the painful reality that our first guesses are not always successful. Often, though, teachers are not aware of the number of options for change plans that they control (or could control). A change might be as simple as scheduling a certain activity at a different time of day, or in a different place. Change might involve providing the student with feedback of a different form or frequency. The curriculum material and form of verbal instruction might be modified; ad infinitum. Thus, the final step in precision teaching says, "Keep trying." When trying to teach retarded children, this final request is particularly important because the teacher has to rely so much on her own wits. (For other references on precision teaching, see Jordan & Robbins, 1972; Koenig, 1972; Lindsley, 1971, 1972; Pennypacker, Koenig, & Lindsley, 1972.)

ENCOR example: Ginny's blouse. One of our very fine teachers is Ginny Carter, a young woman whose cheerfulness and commitment to her students is a joy to behold. As with all of our teaching staff, she has assumed responsibility for charting critical pinpoints for each of her children. The project represented below is one Ginny shared with me not too long ago.

One of Ginny's students, Richard, is a very delayed youngster who displays minimal receptive language skills. A major goal Ginny set for Richard was to teach him to identify objects in his environment by pointing to them when they were named. Because of the severity of Richard's delay, Ginny discovered that she first had to teach him the tool skill of pointing on request. Therefore, the first objective was to have Richard place his hand on a notebook when Ginny said "Do this," followed by placing her own hand on the notebook (modeling). Ginny recorded a daily one-minute sample of Richard's responses to this request. During the timing, Ginny counted each time Richard followed her request without assistance and each time he placed his hand anywhere other than on the notebook. The frequencies of Richard's correct and incorrect hand placement are shown on the chart below ("dots" are correct, "x's" are incorrect).

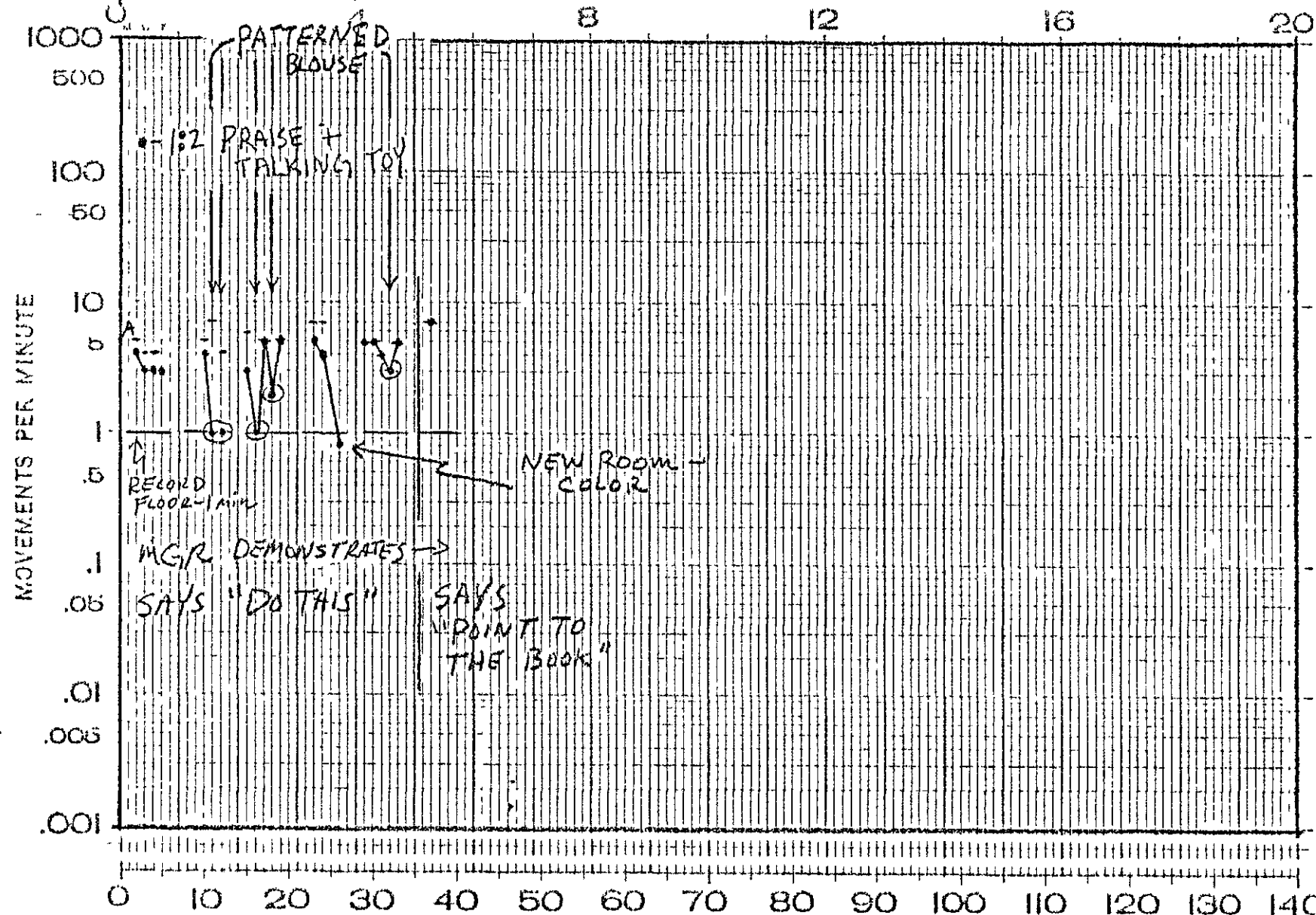
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For the first five timings, Richard was doing pretty well. But then his correct frequencies dropped considerably (first two circled frequencies). Over the following weekend, Ginny worried over what might have caused this interference with Richard's progress. The only thing she could think of as being a bit unusual was that she had worn colorful, patterned blouses on those two days, and that Richard had seemed to be paying more attention to her blouses

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Figure 4a,b. The upper acceleration chart (a) shows the effect of Ginny's wearing a patterned blouse on Richard's performance. The deceleration chart (b) indicates that Richard's erros did not increase each time his correct movements decreased.

4/FEB/73



LINDA VIRGINIA
ESTERLING CARTER

SUCCESSIVE CALENDAR DAYS

RICHARD H.

6

MR

PLACES HAND
ON NOTEBOOK

SUPERVISOR

ADVISER

MANAGER

BLHAVER

ACF

LAIII

MOVEMENT

DEPOSITOR

ENCLOSURE - SOUTH, D.C.

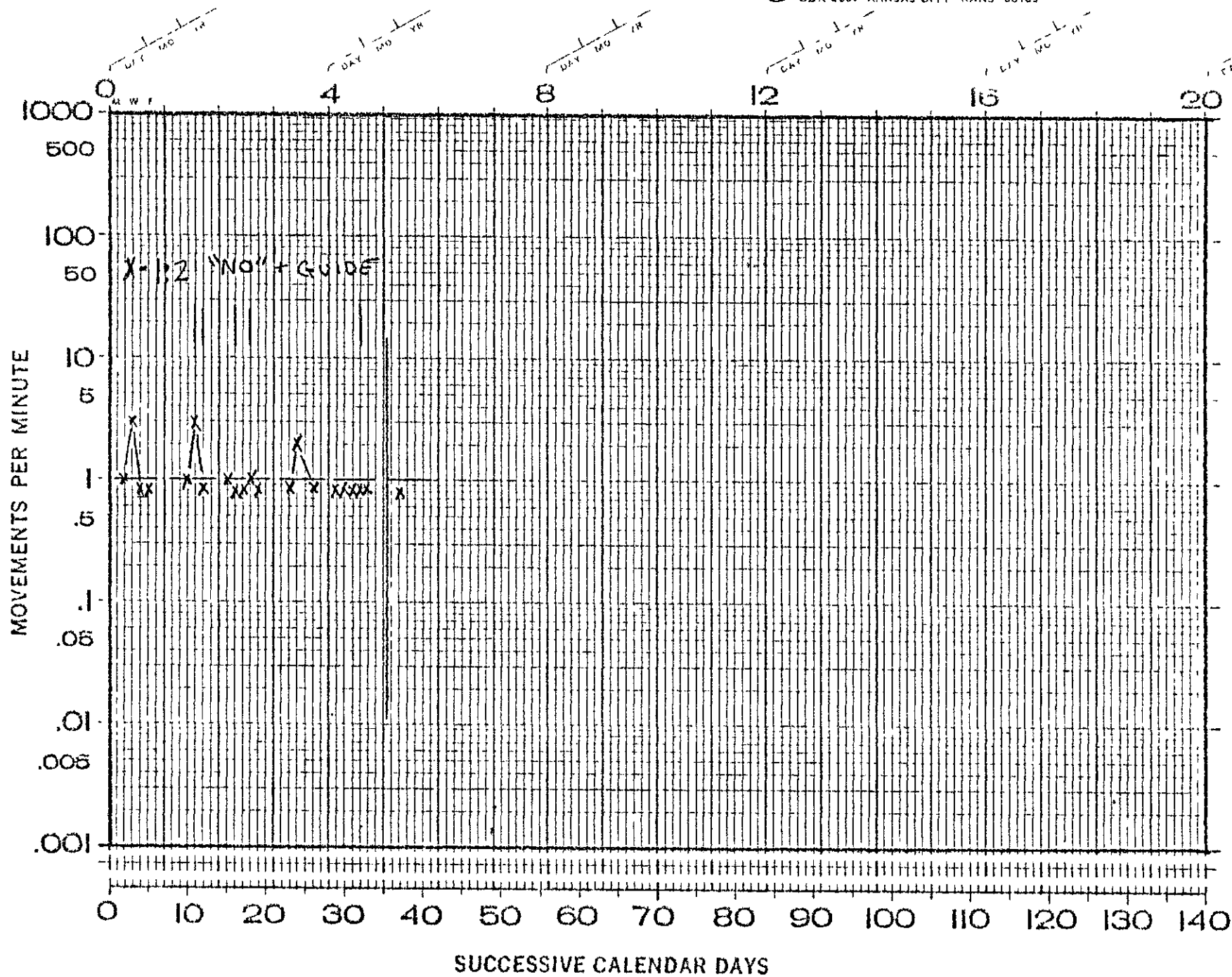
AGENCY

V. CARTER

CHAPTER

CALENDAR WEEKS

DAILY BEHAVIOR CHART (DC-B)
5 CYCLE 140 DAYS (20 WKS)
BEHAVIOR RESEARCH CO.
BOX 3351 KANSAS CITY KANS 66103



SUPERVISOR

ADVISER

MANAGER

BEHAVIOR

AGE

LABEL

MOVEMENT

DEPOSITOR

AGENCY

CHARTER

PLACES HAND ELSEWHERE
ON TABLE

than to her face and voice. Could it be...? Through the chart, Richard gave us the answer. As you, too, can see, when Ginny systematically varied the type of blouse she wore (solid color vs. patterns), Richard's frequencies of correct movements were consistently lower when she wore a patterned blouse. And on the day Ginny moved him into a different room that had walls with concrete blocks painted different colors, Richard failed to respond at all. But wait, what else is Richard telling us? If you connect only the circled frequencies (patterned blouse days), what do you see? Try it. Yes, Richard's correct movements were accelerating! What a relief for all of us (including Richard's mother)--whatever the reason for the distracting effect, Richard was adjusting to it over time. One of the joys of precision teaching is the potential it allows us for discovering dimensions of children's behavior through what the children are telling us. Of course, the tools of precision teaching work best in the hands of creative, probing teachers like Ginny who refused to dismiss Richard's down days as attributable to "bad mood" or "something that must have happened at home." And when we say that a child is "tuning out," it's more likely that we're simply ignorant of what his is "tuning in" to.

Summary. At this point, it appears to us that the potential applications of precision teaching are virtually unlimited. Slowly, our group is beginning to explore variations in the theme-- identifying and charting such pinpoints as inter-staff pinpoints (e.g., asks assistance, gives assistance, shares chart), personal inner behavior (e.g., work-related "uppers" and "downers"), already available budget and payroll information (e.g., facility per diems, absenteeism, and others). We'll probably chart some blind alleys; but I think we'll hit pay dirt often enough to help us better understand and plan for our students' behavioral growth, our interpersonal behaviors, and our personal feelings and thoughts. Precision teaching is perhaps one way to join the skills of behaviorism with the values of humanism. And perhaps the distinction was never real, anyway.

THE BEST FOR LAST: PARENT PARTNERSHIPS.

In the case that anyone questions it, it is important to emphasize that positive consumer involvement is the life ring around community programs for retarded people. The functions organized parents can fulfill vis a vis service agencies include at least the following five.

Interpretation of the agency to the community-at-large. The strategies and tactics of a community service agency may be disputed or confusing for a large segment of the non-retarded citizenry, especially those not personally acquainted with retarded people. And the credibility of most "professionals" is often pre-tainted, almost by cultural definition. Professionals' love for jargonese loses something in the translation to common English, as well. But parents can usually be suspected of only one type of self-interest: the need for quality services for their offspring. It seems natural, then, that the voice of an affected parent should ring more true than that of a paid professional.

Protection of agency continuity. At a time of high competition for limited fiscal resources, political and moral support by service consumers aids immeasurably in assuring the continuity and expansion of programs. Politicians at all levels of government - federal, state, and local - have said that a letter from an involved parent has a much greater impact than a similar plea from a paid professional. And if messages of support and demand come from active consumer organizations, the impact is heightened.

Parents are not dumb, however. In order to generate and sustain enthusiastic, vocal support, agency workers must produce and be in a position to demonstrate

their value to service consumers. Close communication and honest sharing provide the foundation for that demonstration.

Quality-control monitors of existing services. In addition to having representation on policy-making bodies and advisory boards, parent organizations (such as local Associations for Retarded Children) can develop "task forces" whose responsibility it is to inspect and review specific program types. For example, our Greater Omaha Association for Retarded Children has created several task forces for the various service components of ENCOR. If organized well, these groups have a reward as well as a critical function.

As one whose programs have been "monitored," I can report that it isn't always fun - I've had to answer to some probing criticism. But in each of the few instances, I have valued the questions (even when they were a bit embarrassing). It's all too easy to overlook program stagnation. If anything keeps us from evolving into the "typical bureaucracy," it will be the monitoring function provided by independent consumer organizations.

Stimulus for agency self-renewal. ENCOR staff are continually reminded that were it not for parents - through their Greater Omaha ARC - the agency would not exist. In 1968, GOARC started some model programs which were turned over to the new agency, ENCOR, in mid-1970. At that time, GOARC returned to being a poorer, but still dynamic organization running volunteer programs (Pilot Parents, Citizen Advocacy, Youth ARC, etc.) to parallel the funded operations of ENCOR. The consumers, then, fathered the service agency and quickly kicked it out of the nest.

Since 1970, GOARC and ENCOR have maintained a relationship which has certainly enriched both groups. Gentle pressure from GOARC people has caused new ENCOR program models to evolve faster than they might have. If we hope to meet

the special needs of all retarded people in the community, it helps to be encouraged and reminded to plan for the needs yet unmet.

At the first GOARC meeting my wife and I attended, a certain mother asked when the Behavior Shaping Unit might be expected to open. Her son was in the state institution, needed that sort of training environment, and she wanted him back in his hometown. At each meeting thereafter, I came to expect the same gentle, but firm, inquiry. I swear that I worked harder to get that unit started because of Mrs. Wills. When the unit finally opened, her son was in the first group to enter from the institution. Responsiveness to unmet consumer needs and constantly searching for better models builds a stronger, ever-renewing agency.

Educational partners. Most of the time, professionals think of educating parents as a unilateral process in which the pro gives the parent information, as in a traditional teacher-student relationship. Not nearly often enough do we conceive of structuring reciprocal knowledge-sharing processes, say, in which a child's teacher shares ways of teaching him with the parents, and, in turn, the parents share their relevant knowledge with the child's teachers. In such a situation, the role of student and teacher shifts back and forth dynamically.

Over the last couple of years, Kay Galloway and I have looked into the possibility of offering parents classes in the home application of precision teaching (Galloway & Galloway, 1971; Galloway, 1972). The classes we've helped organize through ENCOR have continued to provide rewarding experiences for us, the ENCOR teachers, and the participating parents.

The purpose of precision teaching classes for parents is to share tools related to careful observation, continuous counting and charting of important behavior, and creating systematic change plans—tools that the teachers are already applying during the child's day programs. In these settings, parents are encouraged to choose behavioral targets, set up their projects, and select effective change plans that might better assist the child to reach educational goals. Initially, the child's teacher advises and guides the parents while they are learning the basic mechanics of precision teaching.

Let me share a parent project with you as a case in point. Mr. & Mrs. Ron Smith attended classes offered parents from ENCOR's South Developmental Center, then under the direction of Ivy Allard. The Smith's daughter, Shirley, has many areas of her behavior that need to be strengthened. The Smiths' decided to concentrate on fine-motor, pre-writing skills, selecting tracing letters as their pinpoint. More specifically, they defined a correct movement cycle as tracing a "stroke" of the letter without deviating from the faint line provided (e.g., the letter "H" could have three correct strokes). The first practice sheets had letters to be traced, all of which involved straight lines (I, T, X, L, V, H, F). The Smiths' worked with Shirley 10 minutes a day and counted the number of correct and incorrect strokes traced during that timing. The chart of Shirley's progress, created by her parents is shown below. While

 Insert Figs. 5a,b About Here

Shirley was trying hard to do well, the Smiths' praised her each time she traced a letter correctly; later on, they praised her when she completed about 15 letters well. Poorly traced letters were simply crossed out immediately.

6

Figure 5a,b. Mr. and Mrs. Smith learned the basic tools used by Shirley's ENCOR teachers. Consequently, they too were able to help Shirley grow and could see their effectiveness.

CALENDAR WEEKS



DAILY BEHAVIOR CHART (DCB)
 DATE: 10/15/71
 BEHAVIORAL CENTER (BC)
 800 JEFFERSON CITY, MO 64101

14 NOV 71

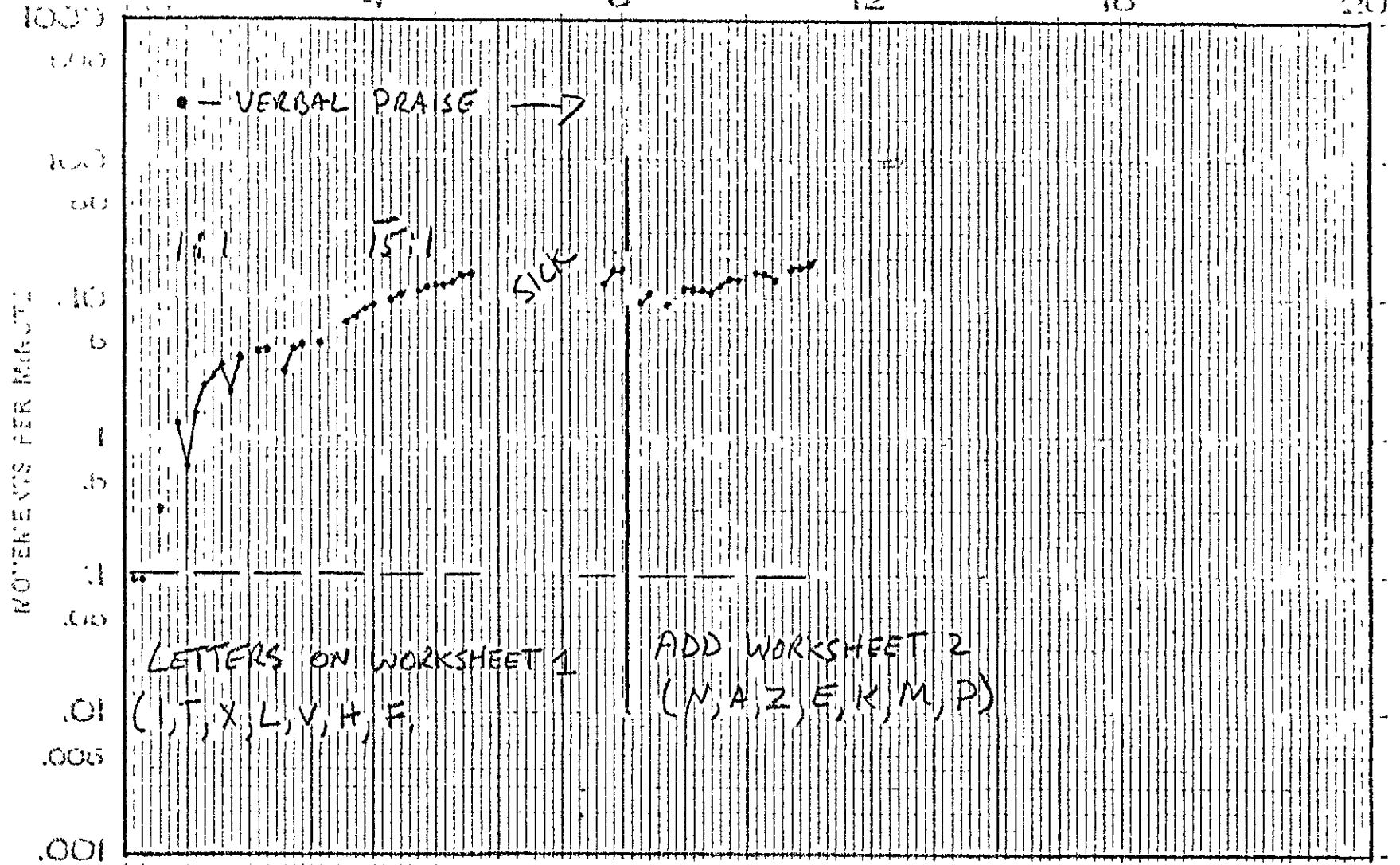
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30



PARENT CLASS

MR + MRS SMITH

SUCCESSIVE CALENDAR DAYS

SHIRLEY

11

MR

TRACES A LETTER STROKE

SUPERVISOR

ADVISER

MANAGER

BEHAVIOR

AGE

TARGET

MOVEMENT

ENCOR - SO. DEV. CNTR.

RON SMITH

CORRECTLY

REPORTER

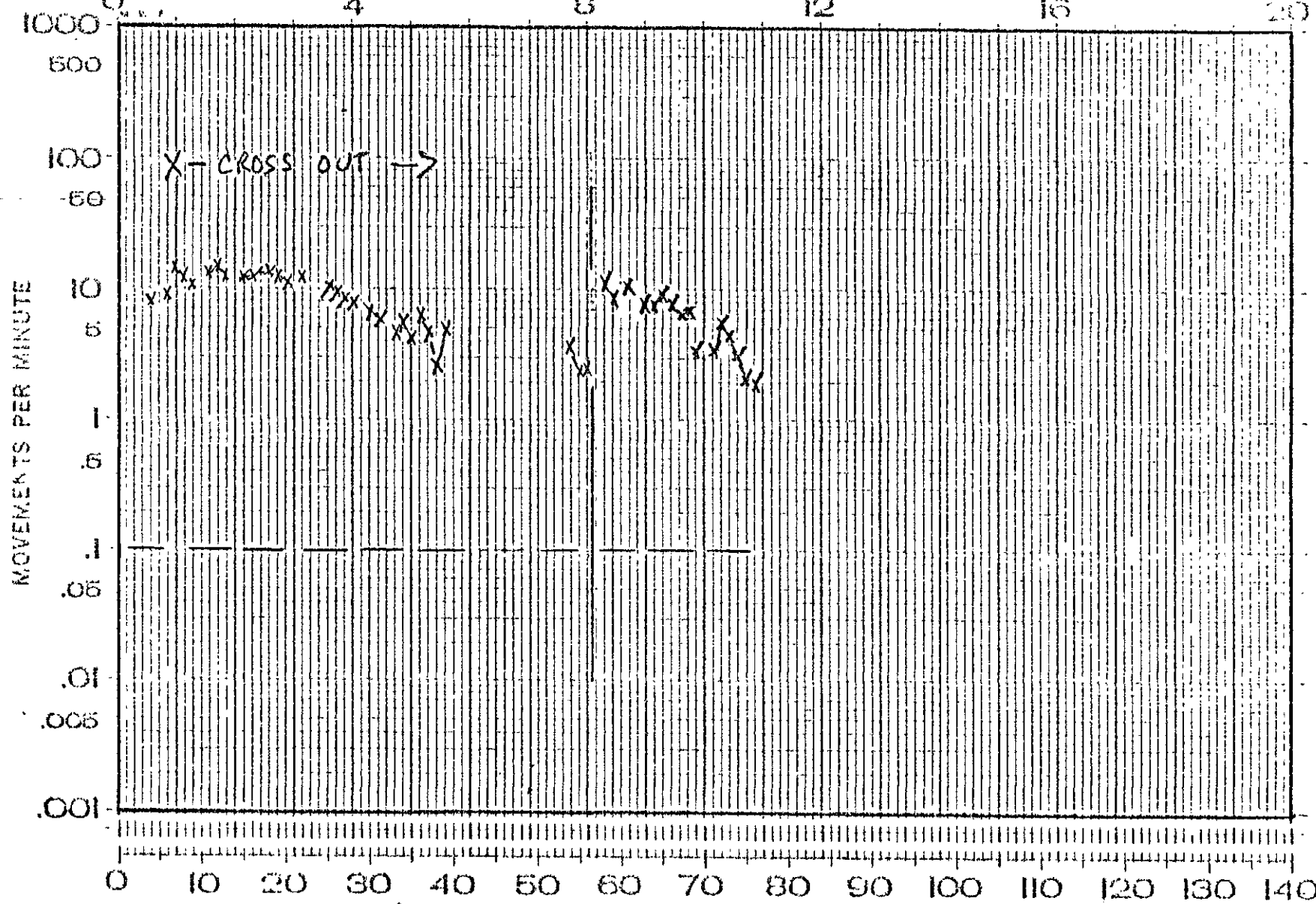
AGENCY

CHARTER

CALENDAR WEEKS

DAILY BEHAVIOR CHART (BC-40)
 U.S. GOVERNMENT PRINTING OFFICE
 BEHAVIOR RESEARCH CO.
 BOX 2351 KANSAS CITY, KAN. 64103

14 NOV 71



MR + MRS
 SMITH

SUPERVISOR _____ ADVISER _____ MANAGER _____

DEPOSITOR _____ AGENCY _____

SUCCESSIVE CALENDAR DAYS

SHIRLEY _____ 11 _____

BEHAVIOR _____ AGE _____ LABEL _____

RON SMITH _____

CHARACTER _____

TRACES A
 LETTER STRIP
 INCORRECTLY

After Shirley had reached a fair degree of competency, the Smiths' moved on to a new set of letters to be traced (N, A, Z, E, K, M, P). As the chart indicates, Shirley's errors increased for a time, but she quickly became accurate on the new set of letters.

In some people's eyes, this project may seem trivial— but not so for the Smiths'. Perhaps for the first time, they knew that they could be as influential on Shirley's educational growth as her teachers. And it was their work; some of us had only served as advisors. Shirley's growth may have been a bit slow, ^{but} it was visible.

Parents of retarded children, as well as teachers, need to maintain the educational values and attitudes toward their children that we discussed earlier. Consequently, parents can benefit from the use of tools at home that better enable them to manage their children's developmental growth.

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