The Training Proficiency Scale, designed to evaluate the competence of a trainer utilizing operant conditioning techniques with the mentally handicapped, is described in terms of its need, development, reliability and validity qualities, and four areas of assessment (shaping behavior, rewarding, communicating, and rapport). The scale is presented in its entirety, and instructions for scoring are provided. A glossary of terms used in behavior modification research with the mentally retarded is included. (RD)
TRAINING PROFICIENCY SCALE
(Form A)

James M. Gardner

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Columbus State Institute
1801 West Broad Street
Columbus, Ohio 43223
TRAINING PROFICIENCY SCALE
(FORM A)
MANUAL

James M. Gardner

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August 1969
INTRODUCTION

The modification of the behavior of the mentally retarded through the systematic application of operant conditioning techniques has become an area of increasing concern. Within the last three years, since 1966, more than seventy percent of the literature in the field has appeared. Behavior modification programs are common in state schools for the retarded, state hospitals, special education classes in the public schools, and elsewhere throughout the United States. Behavior modification techniques have been applied to a broad range of problems, including habit training, recreation, language, education, social skills, audiometry, and others.

While there appears to be a large amount of research and clinical practice in the area of behavior shaping with the mentally retarded, almost all the attention has been given to outcome variables. To date, there has not been a single attempt to systematically study the effectiveness of various teaching methods nor has there been an attempt to assess competence in using behavior modification techniques.

The Training Proficiency Scale was designed to fill this deficiency. Its major purpose is to provide a useful, reliable, and valid measure of competence in using behavior modification techniques. Other constructive uses of the scale are as a screening device, a dependent variable in evaluating the success of training programs, and for periodic evaluation of personnel.

Development of the Scale

The Training Proficiency Scale (TPS) was developed as the result of extensive meetings with personnel experienced in behavior modification techniques. The purpose of the meetings was to isolate the important component behaviors which
constitute "behavior modification skills". Four broad areas emerged: (1) shaping, (2) rewarding, (3) communicating, and (4) rapport. A fifth area was designated miscellaneous.

Definitions of these areas are given below:

**SHAPING:** Analyzing complex behavior into simpler components and then teaching the simpler parts a step at a time until the complex behavior has developed.

**REINFORCING:** Giving social, physical, or edible rewards. A reinforcement is something that a person likes and will expend effort to obtain.

**COMMUNICATING:** Giving instructions in such a way as to maximally facilitate understanding.

**RAPPORT:** Becoming acquainted with the child so that he will approach you and be more amenable to your instructions.

After defining each of the areas, component behaviors were derived. This list of behaviors was then reviewed with certain items being added and others eliminated. A total of 26 items constituted the first version of the TPS. This was then piloted with a group of ten trainers, and subsequently revised. The current version of the TPS (Form A) contains 30 items and is included in appendix A.

**Reliability**

Interscorer reliability was obtained by having two graduate students in developmental psychology independently rate ten trainers. No manual of instructions was provided nor was there an opportunity to establish scoring conventions. None-the-less the correlation coefficient was .89. Interscorer reliabilities for each of the four areas based on these records were: .82 (shaping), .82 (reinforcing), .78 (communicating, and .65 (rapport and miscellaneous).
Split half reliability based on ten protocols using the odd-even method was .97 (uncorrected).

Test-retest reliability based on re-rating seven trainers after a period of one week was .86.

Validity

The correlation between TPS scores and scores on a true-false test of knowledge of the principles of behavior modification was .89. This can be given as support for the construct validity of the test, since skill in using behavior modification techniques should be related to knowledge of the field.

As a measure of the concurrent validity of the TPS, two experienced raters made global evaluations of ten trainers following rating sessions. Trainers were rank ordered in terms of overall competence without regard to the TPS scores (which had not been totaled). The correlation between TPS scores and overall evaluations was .96 and .84 for raters one and two respectively.

Since this measure is open to criticism due to the confounding of the criterion with the predictor, a third judge observed the rating sessions but did not rate nor confer with the raters. His rank orderings correlated .93 and .94 with the rank orderings by raters one and two respectively. The correlation between the judges rank orderings and TPS scores for raters one and two were .98 and .88 respectively. It can be seen that TPS scores accurately reflect judgments of overall competence.

The Rating Session

Rating sessions average 15 minutes. Trainers can be rated in a role-playing situation or actually working with residents. In the role-playing situation, two trainers alternately act as trainer or patient. One advantage of
using role-playing is that it allows for a wide variety of behaviors which might otherwise not show up in a session with a child. On the other hand, role-playing is not the same as working with a resident and there are potential differences which might obscure good or bad training techniques. We have found, from our experience, that TPS scores on role-playing were highly correlated with scores on working with residents \( r = 0.87 \).

To be sure that all relevant training behaviors have been exhibited, it is sometimes necessary to offer a hypothetical problem to a trainer for solution. For example, if the resident has not misbehaved during the session, the rater might ask "What would you do if the patient began screaming?" This way complete records on every trainer for every behavior can be kept.


Appendix A

TPS
TRAINING PROFICIENCY SCALE
(Form A)

PURPOSE: To evaluate proficiency in using operant conditioning techniques.

INSTRUCTIONS: For each item rate the trainer on a five point scale: 1 = very poor, 2 = poor, 3 = average, 4 = good, 5 = very good. If an item cannot be rated, score NA.

TRAINER ___________________ PATIENT ___________________ RATER ___________________ DATE ___________________

A. SHAPING BEHAVIOR

1. Gets the subject's attention.
2. Determines the operant level.
3. Demonstrates the desired behavior.
4. Starts with the correct step.
5. Uses the proper sequence of steps.
6. Proceeds to the next step appropriately.
7. Returns to previously successful step if necessary.

B. REWARDING

8. Finds an effective reward.
9. Gives the reward quickly.
11. Gives verbal reward with primary reward.
13. Gives physical reward with primary reward.
14. Uses the bridging signal in chaining.
15. Changes the reward if necessary.
16. Withholds reinforcement correctly.
17. Gives reinforcement correctly.

C. COMMUNICATING

18. Uses the correct emphasis in commands.
19. Uses correct verbal commands.
20. Uses patient's name before command.
22. Uses physical prompts effectively.
23. Fades physical prompts correctly.
24. Fades gestures correctly.

D. RAPPORT AND MISCELLANEOUS

25. Gets acquainted before training.
27. Handles children respectfully.
28. Properly ignores inappropriate behavior.
29. Prepares room correctly before training.
30. Trains one task at a time.

(J.M. Gardner)
Appendix B

Instructions for Scoring
Appendix B

Instructions for Scoring
A. SCORING BEHAVIOR

1. Gets the subject's attention.

Prior to giving a command, simple or complex, it is necessary for the subject to be having attention to the trainer, otherwise the command will be wasted. An attempt must be made to find an effective method to obtain and hold the person's attention. Several methods may be used: calling his name, clamping your hands or snapping your fingers, showing the reinforcements, etc.

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<thead>
<tr>
<th>POOR</th>
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<tbody>
<tr>
<td>An example of a poor training technique to gain attention would be to call a name in a low voice, or to give a command while the person is walking around the room or attending to other objects.</td>
<td>Good trainers use effective methods to gain attention. The patients usually stop what they are doing and listen for the command. Eye contact is a good indicator that the person is attending.</td>
</tr>
</tbody>
</table>

2. Determines the operant level.

At the beginning of a training session (before any skill is taught) it is to the trainer's advantage to determine the operant level. For example, if a child knows how to remove a pullover shirt and does this on command, it would be very time-consuming and unnecessary for the trainer to go through the various teaching steps. However, if the trainer has been told that this particular child can take off his shirt and he does not, the usual routine of training may be necessary -- apparently this person is not under verbal control, which is necessary in teaching new behavior.

<table>
<thead>
<tr>
<th>POOR</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Poor trainers often neglect determining the operant level for many skills. They proceed to teach every skill to every person whether he knows it or not.</td>
<td>A good trainer determines the operant level for all skills which he plans to teach. This is done before demonstrating the desired behavior, and with a minimum of cues or prompts.</td>
</tr>
</tbody>
</table>

3. Demonstrates the desired behavior.

In order for a child to learn a new behavior it should be clearly demonstrated to him. The trainer, in teaching taking off a shirt, must remove the shirt for the child while he is repeating the command "Johnny, take off your shirt!" emphasizing the word "off." The trainer must be certain that the patient sees the desired behavior and hears the correct command before he can be expected to repeat the task.
A pooh tutinen goes too cast
and does not demonstrate the
behavior. Often they do not
wait until the person is at-
tending before they demon-
strate the particular behavior.

Good trainers demonstrate the
desired behavior simultaneously
giving the command and re-
warding the child. They wait
until the patient is attending
before demonstrating.

4. Starts with the correct step.

This immediately follows the demonstration of the desired
behavior. The first step taught is the last component step done,
that is, the act which completes the behavior. When putting on a T-
shirt, for example, the last component of the skill is pulling the
hem of the shirt down to the waist. This, then, is the first step
to teach and should be followed immediately with a reward. Of
course, the first step will be dependent on the individual's level
of ability and previous training.

A poor trainer goes too fast
and does not demonstrate the
behavior. Often they do not
wait until the person is at-
tending before they demon-
strate the particular behavior.

Good trainers demonstrate the
desired behavior simultaneously
giving the command and re-
warding the child. They wait
until the patient is attending
before demonstrating.

5. Uses the proper sequence of steps.

Progress is made faster if the proper sequence of steps is
followed. In addition, training by more than one trainer is made pos-
sible when similar training procedures are followed. For any skill
or behavior there are many components. Teaching each one successiv-
ely increases the child's chances of succeeding and learning usually
occurs much faster. It is important to gauge how large the step
increments should be for any person.

A poor trainer goes too fast
and does not demonstrate the
behavior. Often they do not
wait until the person is at-
tending before they demon-
strate the particular behavior.

Good trainers demonstrate the
desired behavior simultaneously
giving the command and re-
warding the child. They wait
until the patient is attending
before demonstrating.

6. Proceeds to the next step when the subject is ready.

After the patient has learned the first step of any skill
and is able to repeat the step without a physical prompt, he is
ready to advance to the next step. This next step will depend on the
person's ability to learn and his present repertoire. For example,
while one child may be able to throw a ball after a few attempts,
another may have to advance to throwing slowly. (ITF No. 6 differs
from the previous item in that here the rater should be concerned
with the proper timing, while in ITF No. 5 the emphasis is on the
knowledge of the steps involved.)

Poor tutoring goes too fast
and does not demonstrate the
behavior. Often they do not
wait until the person is at-
tending before they demon-
strate the particular behavior.

Good trainers demonstrate the
desired behavior simultaneously
giving the command and re-
warding the child. They wait
until the patient is attending
before demonstrating.
The poor trainer usually proceeds too fast or too slowly, and his patients either fail or become distracted. A good trainer proceeds at an effective pace. His patients make steady progress in learning each new skill.

7. Returns to previously successful step if necessary.

Three areas should be considered if a patient has learned one step after another and then suddenly will not follow through with the next step: (1) Is the reinforcement strong enough? (2) Is the person feeling well? (3) Has the person's tolerance level in this session been reached. A fourth possibility is that the particular step increment is too large for the person to succeed. If this is the case, the trainer should return to a previously successful step (the one immediately preceding the failed step), allow him to repeat it, reward him, and then proceed to the next step, perhaps using smaller increments this time.

8. Finds an effective reward.

The importance of finding an effective reward is obvious. The more effective a reward is, the more a child will work for it - in fact, the measure of a reward's effectiveness is the effort which a person puts out to get it. In the beginning of a training session primary reinforcements are usually the most effective forms of rewards. Later social reinforcement can be substituted.

9. Gives the reward quickly.

Learning requires that the response and the reinforcement occur in close temporal proximity - that is, they occur closely together. This means that the reward should follow the desired response as quickly as possible - one to two seconds is a good estimate.
<table>
<thead>
<tr>
<th>POOR</th>
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<tbody>
<tr>
<td>A poor trainer usually fumbles with the rewards, dropping them, forgetting to give them, and giving them slowly.</td>
<td>Good trainers usually have their rewards close at hand and give them quickly and smoothly.</td>
</tr>
</tbody>
</table>


Retarded children experience little success, so accentuating what success they do make is important. Verbal reinforcement (e.g., "Good boy") should be given in a dramatic fashion. It must also be given in conjunction with the primary reinforcement (food) and serves as a "bridging signal" between the response and the reward. In other words, it is sometimes difficult to give the primary reinforcement immediately after the response; however, it is almost always possible to praise the child. This way, verbal praise becomes associated with the primary reinforcement and later can be used in its place.

<table>
<thead>
<tr>
<th>POOR</th>
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<tbody>
<tr>
<td>The poor trainer is apt to forget to give verbal reinforcement, or gives it in a mechanical manner.</td>
<td>Good trainers have a flair for dramatics. Verbal praise is given with changes in loudness and tone, with much inflexion.</td>
</tr>
</tbody>
</table>

11. Gives verbal reinforcement with primary reinforcement.

As was said above (ITF No. 10) it is important that verbal praise be given immediately after the response, and thus can serve as a bridging signal. Verbal praise can then be used instead of treats since it has been associated with them in the past. This is an important step in the child's development because it represents the acquisition of a basic receptive vocabulary.

<table>
<thead>
<tr>
<th>POOR</th>
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<tbody>
<tr>
<td>Poor trainers often forget to give praise, or if they do, the delay between praise and the treat is too long. Sometimes the praise follows the treat instead of coming before it.</td>
<td>Good trainers give praise immediately after the desired response and before the treat.</td>
</tr>
</tbody>
</table>


Most retarded children like physical contact (though there are exceptions). For most children it is very effective to give physical reinforcement by patting them softly on the back, rubbing their backs, giving them a short swing, etc. Like verbal reinforcement, it should be given with the primary reinforcement. In short, you try to reward the child in as many ways as possible at the same time, with a treat, by praising him, and with physical contact. Always, individual differences between children must be taken into account.
13. Gives physical reinforcement with primary reinforcement.

As in the case of praise (ITEM NO. 10 & 11) it is important that physical reinforcement be associated with the primary reinforcement. In those cases where the physical contact is already reinforcing to the child this presents no problem. In cases where the child is afraid of physical contact, association with primary reinforcements is essential. Without physical contact, training is very difficult, and adjustment to everyday life situations is impossible.

14. Uses the bridging signal in chaining.

Once a child is responding to verbal praise, it can be substituted for treats. In a simple task, like asking a child to sit down in a chair on the other side of the room, one can first ask the child to "Come to me" then give him praise ("Good boy") followed by the next command "Sit over there" (pointing to the chair) and then give the treat for the completed response. This chain looks like:

"Good Boy"  "Come to me"  "Sit over there"  "Good Boy" plus treat

Here the verbal praise has been used in a situation which before had required the treat. Of course, the time to begin using praise in establishing chains of responses will differ with each child.

15. Changes the reward if necessary.

Sometimes in the middle of a training session the child becomes increasingly distractible and stops working. There may be a number of causes for this (ITEM NO. 7), one of which may be that the reward is no longer effective. Retarded children, like the rest of us, become tired of the same thing - this is called satiation. If this is the case, a variety of rewards should be tried.
16. Withholds reinforcement correctly.

It is important to decide what the desired response will be before starting. This way it is clear what responses will be rewarded and which will not. For example, in taking off a pullover shirt, the first response may be holding the shirt. When the child does this he is rewarded. The next response would be holding the shirt and pulling it off the end of the arm. Now the child is not rewarded for just holding the shirt. Reinforcement must be withheld until the desired response occurs. If it does not, it is usually appropriate to say to the patient "No" and then repeat the command. Removing the reward from his sight with the word "No" is often effective. As always, you should be sure that the step which you are requiring is not too great for the child.

17. Gives reinforcement correctly.

Of course, it is vital that reinforcement be given correctly. A child is rewarded when he emits a desired behavior. As has been said there are individual differences between children and in the same child from time to time. This means that the trainer must be flexible and selecting the desired response, and must be ready to adjust that response to the conditions of the training session. Nonetheless, the child must be rewarded for desired responses, and must not be rewarded for undesirable behaviors. A trainer should be able to justify each reward given a child according to the goals of a particular training session.
C. COMMUNICATING

18. Uses the correct emphasis in commands.

It is often difficult for retarded children to understand words. There may be little difference for the child between the words "Take off your shirt" and "Put on your shirt." For this reason it is beneficial to emphasize certain important words. For example, one would want to emphasize the action words "off" and "on" in the above case.

<table>
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<tr>
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<tbody>
<tr>
<td>Poor trainers generally speak in a mechanical manner not emphasizing any words in particular, or they emphasize the wrong words - &quot;Take off your shirt.&quot;</td>
<td>Good trainers have that dramatic flair and use it to accentuate the important words in each command.</td>
</tr>
</tbody>
</table>

19. Uses correct verbal commands.

In order to allow different trainers to work with the same child and not create difficulties in transfer of training, a standard language should be used. This makes it much easier for the patient. For example, if one trainer says "Take off your shirt" while another says "Give me your blouse" the child is likely to get confused.

<table>
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<tbody>
<tr>
<td>Poor trainers often use different commands during the same training session.</td>
<td>Good trainers generally use a standard language in all situations with all children; however, they will vary the language when it becomes necessary.</td>
</tr>
</tbody>
</table>

20. Uses patient's name before command.

Not only is it important to use the proper standard language emphasizing the important words, but it is also necessary to introduce commands with the patient's name. This is one effective way of getting his attention. Otherwise the command is wasted since it may have been completed before the child was listening. This also can serve as an important learning process for the child, where every command reinforces a rudimentary self-concept. Initially it is sometimes necessary to train a child to respond to his own name.

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<tbody>
<tr>
<td>A poor trainer often makes the mistake of putting the child's name after the command.</td>
<td>Good trainers always use the child's name first.</td>
</tr>
</tbody>
</table>

Sometimes it is not enough to give a retarded child a command. When commands are not sufficient they should be accompanied by gestures. If you are asking Johnny to "Come to me" and he has not responded to the verbal command, it is helpful to use your arms and hands and gesture. This is particularly useful when working on dressing skills and you are using the same word (shirt, pants) in giving commands which may call for opposite actions (off, on). It is very important that the gesture be given simultaneously with the command.

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<tbody>
<tr>
<td>Poor trainers either do not use gestures or use them incorrectly. Sometimes they are given after the command, or they are not sufficiently dramatic to be effective.</td>
<td>A good trainer first determines whether a gesture is necessary, and if so, uses it correctly, simultaneously with the command, and with sufficient dramatization.</td>
</tr>
</tbody>
</table>

22. Uses physical prompts effectively.

When commands plus gestures have not worked, and the child is still not obeying a simple command, it may be necessary to physically move the child's body and limbs, then reinforce him. In asking a child to "Sit down" you may at first have to sit him down by pushing down on his shoulders. Similarly, in dressing, an occasional move of his arm may be necessary to get a child started.

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<tbody>
<tr>
<td>A poor trainer uses physical prompts incorrectly by too much or too little emphasis. Sometimes they do not even use them at all.</td>
<td>Good trainers use physical prompts when commands and gestures have failed. They use sufficient emphasis to produce the behavior without irritating the child.</td>
</tr>
</tbody>
</table>

23. Fades physical prompts correctly.

Physical prompts may be necessary to initiate a skill but they are rarely necessary for long periods of time. In addition, they may be time-consuming. The sooner a physical prompt is eliminated the faster training progresses. Physical prompts are correctly faded by gradually reducing the physical assistance given by the trainer. Initially it may be necessary to put both arms on Johnny's shoulders to sit him down; then, maybe one arm. Later it may be enough to put your arm to his shoulder to get him to sit. It is very important that the physical prompts be removed gradually.

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<tbody>
<tr>
<td>Poor trainers usually do not fade physical prompts, but rather stop using them abruptly.</td>
<td>A good trainer gradually fades the physical prompt providing a smooth transition.</td>
</tr>
</tbody>
</table>
24. Fades gestures correctly.

Once physical prompts have been faded, and the child is responding consistently, gestures can also be eliminated. Remember, the goal is to have the child under verbal control. As with physical prompts, gestures are not simply dropped, they are gradually reduced. Usually this amounts to going from large movements to smaller movements.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Poor trainers usually stop the gestures abruptly.</td>
<td>Good trainers gradually decrease the size of gestures.</td>
</tr>
</tbody>
</table>

D. RAPPORT AND MISCELLANEOUS.

25. Gets acquainted before training.

A training session is an intimate interpersonal relationship between the patient and trainer. This is important to keep in mind. Much of the success in training will be related to the feeling which the patient has toward the trainer. Since the training session may be new to a patient, you should first become acquainted with him. What's his name? Let him walk around the room. Touch him. Let him touch you. Once the child is relaxed in the situation, you can begin training.

<table>
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<tr>
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<tbody>
<tr>
<td>A poor trainer begins training as soon as the patient enters the room.</td>
<td>Good trainers take time to get acquainted before training. The first session may be devoted only to this.</td>
</tr>
</tbody>
</table>


A training session can be a very tiring experience for the trainer as well as the child. Sometimes everything goes well, and sometimes it doesn't. When it doesn't, the trainer often becomes irritable and loses patience with the child. He may begin demanding too much, too soon, or too often. He may start raising his voice or otherwise indicate that he is losing his patience.

<table>
<thead>
<tr>
<th>POOR</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Poor trainers often lose their patience and become irritated.</td>
<td>A good trainer stays calm in most situations, and if he loseses his patience, he knows it is time to end the session.</td>
</tr>
</tbody>
</table>
27. Handles children respectfully.

Retarded children are like any other human being and deserve to be treated with respect. Respect can be shown in various ways: in your voice, in the way you touch a child, in the things you say to him, etc. Pushing or shoving a child, referring to him in derogatory names, yelling, etc. are indications of a lack of respect for the patient as a person.

<table>
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<th>POOR</th>
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</thead>
<tbody>
<tr>
<td>A poor trainer is likely to call a patient names, dislike touching him, etc.</td>
<td>Good trainers treat a patient as another human being.</td>
</tr>
</tbody>
</table>

28. Properly ignores inappropriate behavior.

Often in a training session a child responds negatively. He may misbehave in a variety of ways: by throwing objects, screaming, banging his head, spitting, soiling himself, etc. It is usually best to ignore this behavior because paying attention might reinforce him, and the behavior would continue. In a short while the patient learns that treats are available and he can get them if he behaves and he won't get them if he misbehaves. This item should not be confused with ITEM NO. 16 (Correctly withholding reinforcement). In ITEM NO. 16 the behavior is goal-directed by is not sufficient to warrant a reward, while in ITEM NO. 28 the behavior is totally undesirable.

<table>
<thead>
<tr>
<th>POOR</th>
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<tbody>
<tr>
<td>A poor trainer is overconcerned with misbehavior. He constantly stops training to reprimand the patient.</td>
<td>Good trainers ignore most bad behaviors unless it becomes necessary to terminate a session if it continues.</td>
</tr>
</tbody>
</table>

29. Prepares room correctly before training.

The environment in which training occurs is also an important factor to be taken into consideration. If you plan to work on dressing skills it makes sense that you have clothes in the room before you begin, or at least, that you bring them in with the child. It is also important to have whatever props you may need, such as a chair, table, etc. Any distractions should be eliminated if possible.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Poor trainers get the child and then think about what they need. Their rooms are often filled with unnecessary distractions, without the proper rewards, props, etc.</td>
<td>Good trainers prepare their rooms before beginning, and have the right props, a variety of rewards on hand, and have eliminated as many distractions as possible.</td>
</tr>
</tbody>
</table>
30. Trains one task at a time.

Retarded patients learn slowly, and it is important for the trainer to be persistent. He may have to work at one skill for a long time before his patient begins to respond properly. For this reason trainers should generally work on one skill at a time, since this increases the patient's chances of success.

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Poor trainers skip from one task to another.</td>
<td>A good trainer works on one task until the child has experienced success.</td>
</tr>
</tbody>
</table>
**GLOSSARY**

**BEHAVIOR**
What a person or animal does. This can range from very small responses or movements like winking your eye to complex responses such as talking.

**BRIDGING SIGNAL**
A response given by the trainer to "bridge the gap" between giving primary and secondary reinforcement. A bridging signal could be a pat on the back or saying "Good boy."

**CONTINGENCY**
See REINFORCEMENT CONTINGENCY.

**CHAINING**
A shaping technique used to teach complex behaviors one component at a time. Each behavioral component can be thought of as a link that makes up the behavioral chain.

**ENVIRONMENT**
The sum total of all that surrounds us. This includes the physical, social, and personal factors which we come in contact with or which influence us.

**EXTINCTION**
Undesirable responses are not rewarded or ignored. This is a method of eliminating undesirable behaviors.

**GOAL BEHAVIOR**
See TARGET BEHAVIOR.

**NEGATIVE REINFORCEMENT**
A stimulus which a person does not like is presented when the person is behaving in an undesirable manner. This is a method of eliminating undesirable behaviors.

**OPERANT BEHAVIOR**
Behavior under a person's voluntary control. It is called operant behavior because it operates on the environment to provide us with reinforcement.

**OPERANT LEVEL**
The level at which a behavior or response is before training.

**POSITIVE REINFORCEMENT**
A stimulus which the person likes is presented each time the person is behaving in a desirable manner. This is a method to get behavior to occur or to increase the frequency of the behavior which is already present.

**PRIMARY REINFORCEMENT**
A reward which is unlearned and naturally enjoyable, such as food, drink, and sex.

**SECONDARY REINFORCEMENT**
A reward which is learned as a result of having been associated with a primary reinforcement. Money, for example, is valuable to us because we can buy food with it.

**SHAPING**
Molding or developing simple behaviors into complex behavior. (See CHAINING and SUCCESSIVE APPROXIMATIONS)
REINFORCEMENT CONTINGENCY
The thing that a person has to do or the behavior he has to emit in order to get a reinforcement. It is the requirement.

REFLEXIVE BEHAVIOR
Behavior not directly under a person's voluntary control, such as sweating, heartbeat, etc.

STIMULUS
Anything in the environment which causes a person to pay attention and emit a response.

STIMULUS CONTROL
Cues or stimuli in the environment which control a person's behavior, make it occur, or indicate the appropriate times for it to occur.

SUCCESSIVE APPROXIMATIONS
A shaping technique used to teach a single behavioral component in a step-by-step manner. The complex behavior is broken down into each succeeding step.

TARGET BEHAVIOR
The behavior which the trainer wants to occur. It is the goal which has been set up in the training program for the patient.

Other sources of definitions for terms used in behavior modification research with the mentally retarded are: Bensberg, G.J. (Ed.) Teaching the mentally retarded: A handbook for ward personnel. Southern Regional Education Board, 1965, and Larsen, L.A., & Bricker, W.A. A manual for parents and teachers of severely and moderately retarded children. IMRID Papers and Reports, 1968, Volume V, No. 22.