Gentle Teaching: A Non-Aversive Approach to Helping Persons with Mental Retardation
Human Sciences Press: New York

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Essential reading for carer-givers or teachers of people who have an intellectual disability and who exhibit severe behaviour problems

Background to Gentle Teaching
Gentle Teaching developed in response to dissatisfaction regarding traditional forms of behaviour management. The problems of the traditional approach that it attempts to overcome are:

1. Working with people who have severe deficits in their communication abilities.
2. Working with people who have such a number of challenging behaviours that it is difficult to know where, and how, to begin helping to alter them.
3. Working with people who do not respond to "social rewards" such as company of others and praise for achievements. These individuals are usually those who have experienced an unusual degree of emotional deprivation, perhaps through institutionalisation at an early age.
4. The use of aversive techniques (punishment) - while aversive therapy does guarantee behaviour change, the change is not necessarily to a preferred form of behaviour, and may not be long lasting.

Also, the requirement of doing behaviour change programs to someone, and using punishment, is seen as dehumanising for the worker - it forces them to take a position of power and authority in interactions with clients, rather than allowing them to help clients establish and work with someone toward mutual goals.

The Philosophy
At the heart of Gentle Teaching is an assumption that people who have an intellectual disability, and who exhibit severe behaviour problems, have not developed bonding, i.e. "mutual ties of affection resulting in the positive value of human presence, participation and reward". This can be seen as parallel to a complete failure to meet the needs of 'love and belonging' in Maslow's Hierarchy of Needs. Bonding, or the feeling of being a loved and worthwhile member of a family or group, is seen as essential for learning of socially desirable behaviours. Such learning proceeds through 3 phases - learning the value of:

1. HUMAN PRESENCE - this is the antecedent of all behaviour. We need to learn that human presence signals safety, security & reward, not frustration, punishment or threat.
2. HUMAN PARTICIPATION & INTERACTION - this is the actual behaviour necessary to learn that reward is the result of our behaviours with other people, that by participating and interacting we gain a sense of pleasure, and a belief in the mutual value of people.
3. HUMAN REWARD - the sense of pleasure from being in contact with others. This is (or should be) the result of the majority of all our interactions. It is certainly the motivation for social beings to interact. A second key assumption is that all teaching, learning and behaviour change is a mutual and reciprocal phenomenon i.e. behaviour change is not something to be done to somebody, it is something we attempt to do with somebody. It is a two-way affair that can either strengthen our humanity, or weaken it.

Gentle teaching states that the care-giver receives personal benefits (including greater job satisfaction) from assisting a person with challenging behaviours in their emotional development.
Personal Posture

"How we intervene is as important as why we intervene".

Personal posture refers to the attitudes & values of the care-giver. These attitudes and values shape the nature of our interactions with all people, not just people who may have a disability.

One of the main values which influences our interactions with people who have an intellectual disability is our attitude regarding authority. On one extreme end of the spectrum is the posture of authority. This springs from a need for power or control, and uses repression to achieve conformity. The unwanted goal we achieve from this posture is that of dependence and alienation. People who engage in behaviour change programs that are done to someone else are acting largely from this stance.

The other end of the spectrum is a 'collaborative' posture. This results from a belief in trying to live as equals and in harmony with each other, uses concern for the well-being of others, and emphasises mutual respect. The outcome of this posture is one of respect for ourselves and others, and satisfaction in our interdependence (i.e. having our needs met while meeting someone else's needs).

The other dimension of importance is that of warmth vs. distancing. This refers to our interest (or lack thereof) in the emotional state, experiences and self-image of those with whom we come into contact. This, combined with our posture on authority, leads to one of four interactional postures which determine how we relate to others. These are:

We all believe that we do in fact treat people who have a disability in a helpful way. However, research conducted by Andersen (1986) shows that we may often teach compliance rather than mutual respect and interdependence. Andersen studied interactions in a special school between students and teachers. Most teachers prompted and corrected on average 8 times more often than they gave rewards. That is, teachers paid more attention to unwanted responses than wanted responses. Students initiating desirable behaviours received far less attention than those showing unwanted behaviours, or those who made mistakes in what they did.

Andersen found that most of the students time was spent:
- not responding
- responding incorrectly
- engaging in disruptive behaviours.

An analysis of time spent in interactions typically will show that care givers and teachers pay more attention to incorrect and unrelated responses. However, Gentle Teaching does not suggest that we focus on merely rewarding correct responses, but on teaching/rewarding reciprocally rewarding responses, those that indicate personal interaction and cooperation between educator and student.
summary, to prevent and defuse challenging behaviours, and to aid development of consumers, we need to adopt reward-centred teaching practices rather than correction centred practices.

**Strategies and Techniques**

From the philosophy, and personal posture, a set of strategies can be derived. The overall strategy is to teach firstly the value of human presence, leading to participation, and finally reward. To do this, it is important that one central person, who sincerely likes and respects the client, is paired to work with them intensely whenever possible over a period necessary to establish the learning of reward. This is usually weeks, although it may be months if the client has much trust to regain. (*The paradigm below can be used without accepting other tenets of Gentle Teaching.* Clearly, it is based in the behavioural approach of Differential Reward of Alternative behaviours*).

The basic paradigm in Gentle Teaching is:

1. Ignore/Interrupt 2. Redirect 3. Reward

These steps are meant to occur as a dynamic process, not as separate components. Ignoring or interrupting a behaviour should occur over a period of seconds, and lead into redirection to a positive task or activity, where reward can be, and is, freely given.

The following outlines the overall strategies which can be used to follow this pattern.

**Step 1.**

**How to Ignore (Distractive or Disruptive Behaviours)**

In Gentle Teaching this means avoiding or minimising the negative attention, punishment or restraint that typically occurs during or following a maladaptive interaction. **It does not mean ignoring, the person.** The aim of ignoring is to defuse challenging behaviours and take away their power. To ignore involves withholding threats, reprimands, scoldings and statements of rules or consequences. There are no (or at least minimal) positive, neutral or negative verbal or non-verbal attentions to the behaviour, BUT the person is immediately re-directed to a task where reward can occur.

This should only occur when harm is likely to people or property. If it is necessary once, we should focus on future prevention (most violence occurs after clear indications). The aim of interruption is to prevent harm while continuing to teach. Interruption should be minimally intrusive, and conducted in a calm and warm manner.

**Step 2.**

**How to Redirect**

Redirection is the main component of the Gentle Teaching process. It focuses the interaction on acceptable alternatives to inappropriate responses. It also communicates that the inappropriate response is no longer effective, while providing clear information that an alternative response will result in a rewarding interaction. In redirecting it is important to use minimal cues (e.g. non-verbal), thus avoiding the possibility of reinforcing the inappropriate behaviour. Redirection may require several patient attempts. Once any attempt at participation in the redirected task (or activity or conversation) occurs, the care giver should provide reward (i.e. shaping a desired response).

If the redirection prompt fails to lead to a response, the care giver can repeat it, or use a hierarchy of prompts (pointing, touching the learning material, placing it nearer, guiding movements) - such prompts must be specific and consistent. The process of redirection should be as brief as possible, to prevent the person gaining reward from inattentiveness.

**Step 3.**

**How To Reward**

Use sincere, meaningful verbal and non-verbal means of communicating your pleasure. Tangible rewards (chocolate or other foodstuffs) do not help teach the value of social reward, which is one of the main aims of Gentle Teaching. You may choose to reward at any point (or all points) of a task: the initiation, participation, or completion.

**Further Key Strategies**

Gentle Teaching is hard work, partly because each interaction between two people is unique. As such, no precise strategy can be applied to all situations. The following are some general strategies to consider in trying to prevent challenging behaviours from occurring in the first place, or for reducing their frequency, intensity, or duration.

- **Precursor behaviours** - e.g. ensure that nothing throwable is in reach if the person uses throwing as an inappropriate form of communicating.
Environmental management - e.g. sit beside or behind a person who engages in self-injurious behaviour (SIB) so that their hands can be shadowed and controlled to prevent SIB, or sitting on the other side of a table (out of reach) from a person who is likely to hit.

Stimulus control - set up the tasks before the person so as to ensure on-task success through the consideration of factors such as the arrangement of the tasks, control of materials, concreteness of the task, teaching methods, location, etc.

Errorless learning - break learning skills into a sequence which facilitates their acquisition, and provide adequate assistance in order to avoid errors (so that structured tasks can serve as vehicles to teach reward throughout the day).

Teach quietly - initially using minimal verbal instruction maximises the power of verbal reward, and prevents on-task confusion. Gradually use more language as the reward - learning cycle takes hold.

Shaping and Fading - use the caregiver's initial intense presence, necessary assistance and reward teaching as a way to ensure as much as possible the person's on-task attention (shaping), and then as rapidly as possible remove the external assistance and reward so that the person will remain on-task and be able to receive sufficient reward from the task itself (fading).

Assistance - initiate learning with a sufficiently high degree of assistance to ensure success and systematically and rapidly decreasing the degree of assistance, but ready at any given point in time to offer higher degrees of assistance for purposes of redirection or reward-teaching.

Using the task as a vehicle, not an end in itself - each part of the day needs structuring so that there are opportunities to create rewarding interactions - we cannot wait for these opportunities to present themselves. But the task of learning is secondary to the teaching of rewarding interactions.

A list of further possible techniques for use in different situations is provided in the section Examples – “What You Can Try”.

Further Points On Fading
It is impossible to expect learning to be maintained if it is suddenly stopped. Also, this will have an adverse affect on the client's developing of trust in the future. Therefore, it is necessary to fade the pattern of Ignoring, Redirection & Reward, and finally the presence of the care giver. Ultimately, the aim is for the client to have developed sufficient ability and confidence to obtain naturally occurring rewards with anyone.

Fading cannot be done according to a formula. There may need to be an ebb and flow to fading, depending on the person's needs. A typical pattern should follow the need to reduce the intensity of the Gentle Teaching relationship. This may be:
1. Introduce another person (or people) as the source of rewards - someone who will maintain the pattern of learning on occasions.
2. Encourage the client to initiate rewarding interactions with other people.
3. Decrease the amount of time you spend with the client. Observe carefully for any adverse reactions, and re-commence full support if necessary.
4. Reward, after redirection, only intermittently rather than consistently.
5. Ensure that natural opportunities for obtaining reward exist.

Examples - What You Can Try...

If the person tries to hit you...
- Protect yourself as non-intrusively as you can, for example: by blocking the hit with your arm;
- Generally say nothing about the hit;
- Firmly, calmly and fairly redirect the person to a task/preferred activity;
- Help the person return to the task/preferred activity with cues, physical assistance, etc.;
- Give concrete goals to the person;
- Give strong reward for engagement in or completion of task/preferred activity.

If the person is beyond redirection at the moment, that is, in a fury ....
- If possible, in a firm but fair manner, try to redirect the person to a task/preferred activity;
- If not, protect yourself, the person and others through environmental or physical control until the fury subsides;
- During the fury's peak, do not chastise the person, remain calm and soothing;
- As the fury subsides gently redirect the person to a task or activity;
- As he/she redirects, focus on gaining interactional control;
• Focus on prevention by identifying the precursors which lead up to the fury;
• In the future redirect the person as these precursors begin to appear.

**If the person is working up to a fury....**
• Identify the behavioural and physiological signs (precursors) which lead up to a possible fury as a preventative measure;
• Given concrete instructions to the person in the form of a goal -- "Let's do one more ......
• Remove unnecessary stimuli from around the person;
• Help the person meet the goal (succeed) through verbal or physical assistance;
• Take a short break with the person;
• As the signs subsides, gently redirect back to the task/preferred activity.

**If the person is self-stimulating....**
• If it does not interfere with learning, ignore it;
• If it interferes, find a way to prevent it or block it;
• If hand or arm waving, use task which require the use of both hands;
• Use tasks which require a relatively fast pace;
• If the person rocks, arrange the seating or table position to reduce it;
• Perform the task standing up if necessary;

**If you are afraid to have the person go to school, work or live with others**
• Teach sharing to all who live, work or go to school together.

**If the person refuses to participate...**
• Make sure there is a structured flow to the day;
• Make sure caregivers are not reinforcing such behaviour;
• Once refused, try to take the person gently by the hand or arm;
• If the person is cooperative, proceed with the person reinforcing the cooperative behaviour;

**If the person still refuses to participate...**
• Give the instructions again;
• Make the task/activity easy and reward any approximation towards participation;
• Do not get into a "tug-of-war";
• Remain near the person giving no eye contact or verbal input other than periodic gestural or verbal redirection;
• Use a visual cue representative of the task or activity;
• Be prepared to do this for 30 to 60 minutes;
• Make sure no one else interferes.

**If the person runs from the classroom, workshop or home into a dangerous situation...**
• Quickly catch up with the person in as non-conspicuous a manner as possible;
• Attempt to block their further progress unless this were to result in a physical confrontation;
• Redirect - "Let's sit down," “Let's go for a walk," “Let's look at”......
• If necessary, hold the person by the hand or wrist in a reassuring manner;
• As soon as the fury subsides, return to the appropriate place;
• Establish concrete goals -- "I will help you do five, then we will take a break / Let's go out the back and play on the trampoline."

**If the person throws objects...**
• Prevent through environmental and stimulus control in the future;
• Work quickly for interactional control;
• Gradually lessen the environmental control.

**If the person punches his/her face...**
• Initially sit face-to-face with the person ---their legs between you while teaching a task;
• Carry out programs in this position;
• If possible, gently physically redirect the person to the task as he/she attempts to strike a blow;
• If this causes a tug-of-war, shadow the blows-allowing the person to strike your hand;
• Say nothing while gesturally redirecting

**If the person wets or soils his/her pants....**
• Always have an extra set of clothing available;
• Accompany the person to the bathroom;
• Assist in changing clothes as necessary in silence;
• Redirect to the task;
• If necessary, develop a daily toileting schedule to prevent wetting/soiling in the future.

**If the person talks incessantly, inappropriately or screams**
• Ignore---say nothing, do not look at the person;
• Redirect the person to the task verbally or gesturally;
• Indicate when you will speak with the person;
• At that time, direct the conversation;
• Reward the person for appropriate conversation.
• Proceed with the task ignoring the thrown objects on the floor;
• Don't make the person pick them up;
• Have enough materials available to you so you can proceed;
• Avoid using such punishing consequences such as overcorrection, retribution, etc.

If the person ruminates food....
• Keep a towel handy;
• Ignore while redirecting to the task;
• Clean self or person as necessary;
• Watch your seating arrangement to avoid being spat on;
• Emphasise tactile praise;

If the person tries to eat dangerous objects (pica)...
• Be cautious through stimulus control;
• Present tasks initially shadowing the person’s hand movements to block the possibility of the person putting objects in his/her mouth;
• Emphasize tactile praise;
• Use stimulus control and shadowing techniques;
• Fade these as interactional control emerges.

If the person bangs his/her head....
• If previously used, eliminate helmets, masks, straight jackets, etc.
• Focus on intensive developmental programming;
• Position yourself and the person to prevent headbanging, if necessary away from walls, table tops, arms of chairs, etc;

If the person talks disassociated but at the appropriate time and place....
• Politely break into conversation;
• Indicate that you will not talk on the disassociated topic;
• Reinforce conversation that is appropriate to the time and place;
• Make sure others are consistent in this approach for it is easy to reinforce "funny" conversation.

If the person is depressed - withdrawn, slovenly, possibly regressing, crying, non-verbal....
• Be especially gentle;
• Become their emotional structure - schedule their day, set up concrete, attainable goals, etc.;
• Use verbal and tactile rewards;
• If necessary, use exaggerated verbal and tactile rewards;
• Use necessary physical assistance as a way to soothe and reassure the person;
• Avoid delving into the causes of the depression with the person;
• Examine causes with significant others;
• Ensure supportive stability in their lives.

If the person is "high functioning", functionally capable of independence but a danger to self and others...
• Take a firm posture;
• Structure their day - setting rules and limits;
• Give adequate supervision;
• Expect three to five years of such structure and supervision.

If you think your work is in such a poor setting that Gentle Teach!” is impossible....
• Examine the needs of all the persons whom you see, and prioritise the individuals according to who most needs interactional control;
• Provide whatever number of minutes per day of Gentle Teaching, you can;
• Make sure the person has a range of activities;
• Teach interactional control to one person at a time;
• Imagine your most difficult person’s bonding as a result of the care provided;
• Over time, publicly advocate for this approach;
• Organize residents, other caregivers and parents to bring about positive change in the setting.

If members of the team use covert forms of punishment .....  
• Contact the Refern Legal Centre or Guardianship Board for clarification of the legal issues.
If you find restraints being used on a person:
  • Untie him/her;
  • Spend as much time as possible for 5 to 10 days working with the person;
  • Be concrete and soothing;
  • Do your work with the person in a group;

If the person is on psychoactive medications:
  • With the supervision of a psychiatrist see what the person is like medication-free; if a psychiatrist
    is not prepared to consider this, suggest a second opinion be obtained
  • If used, reduce the dosage (under medical supervision) as the person gains interactional control
  • Eliminate the drug whenever possible as the person gains “redirectable” behaviour.

If nothing has worked:
  • Examine the tasks in which the person is involved;
  • Question their functionality and meaningfulness;
  • Question whether you might be inadvertently reinforcing inappropriate behaviours with attention
    or by withdrawing demands;
  • Examine the “power” of your teaching methods--- especially your degree of assistance for
    successful task completion.

If you are short-staffed:
  • Start with less complex tasks to lessen instructional time;
  • Provide frequent praise to all persons;
  • Set up groupings which are positively self-reinforcing;
  • Use modeling of appropriate behaviours if persons go off task.

If one person fights with another:
  • Given attention and praise to the person attacked;
  • Ignore the attacker;
  • Use your body or furniture to protect;
  • Separate and redirect;
  • Avoid future attacks through better environmental control;

If the person fails to respond at all or minimally:
  • Give physical assistance, if necessary, work hand-over-hand;
  • Simplify the task to ensure success;
  • Use prosthetic devices to help the person;
  • Seek tasks which are within the person’s ability;
  • Gradually fade assistance.

If the person lays on the floor:
  • Verbally or gesturally redirect to seat;
  • Say nothing and give no eye contact;
  • If the person does not return to seat, give a physical prompt;
  • Avoid a tug-of-war;
  • If necessary, work on the floor until the person engages in interactions;
  • Examine whether the person is over-stimulated or under-stimulated;
  • If necessary, remove a sufficient amount of stimuli or increase the challenge of the task.

If fellow staff members do not know how to carry out this approach:
  • Spend time working “hands-on” with the person you are ‘Gently Teaching’;
  • Have staff watch and ask questions;
  • Coach them in working with the person;
  • If necessary, seek outside help.

What do you do in a classroom or workshop if the person is disruptive:
  • Look for prevention techniques in the future, where he/she sits, whom with, types of work
    contracts or materials, etc;
  • At the moment of disruption, apply the range of techniques described previously;
  • Interrupt and protect when necessary.

If the person is not learning the task:
  • Reanalyze the task;
  • Try to simplify the task;
  • Use a layout board to sequence the tasks in steps;
  • Provide initial assistance;
  • Focus on reward as the primary teaching/training goal in the first phase of learning;
• See if the task or work itself might be boring.

**If the person gets into fights....**
• Structure the person's day;
• Avoid sudden (and confusing) changes in the routine of the day;
• Focus on group work to teach socialization as well as educational or work skills.

**What do you do if there is "no way" to structure the group home...**
• Look at the natural flow of the day;
• Understand that much of the home's structure can be found in ordinary transactions;
• Focus first on self-care skills and daily living skills;
• Determine how much teaching or supervision you have to do;
• Recognise these ordinary activities as potential vehicles for teaching reward.

**If this is not enough....**
• Invent "sit down" programs which give, especially in the beginning, more structure and insight into the person's needs, fast run-around in terms of interactional control and some carry-over in other areas of living;
• Use the insight and practical techniques which you learn in these programs as the basis for your techniques in less structured times and settings.

**If you feel that he/she will be too disruptive in a group home....**
• Place the person with a compatible mix of other persons;
• Avoid placing persons with similar needs in the same setting;
• Mix and match people's needs and strengths.

**VALIDATION**
The research data concerning the successful application of these techniques to over 650 people demonstrates its validity.