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Acceptability of treatment: The effects of socioeconomic status and intellectual level on teachers' ratings of interventions

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ACCEPTABILITY OF TREATMENT:
THE EFFECTS OF SOCIOECONOMIC STATUS
AND INTELLECTUAL LEVEL ON TEACHERS' RATINGS
OF INTERVENTIONS

A Field Project

Presented to the

Department of Psychology

and the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

of the Requirements for the Degree

Education Specialist

by

Kathryn L. Welch

May 1984

UMI Number: EP72839

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TABLE OF CONTENTS

CHAPTER 1

Introduction	1
Review of the Literature	3
Positive vs. Negative Interventions	8
Case Severity and Treatment Side Effects	11
Time and Resources	12
Statement of Purpose	14
Hypotheses	14
Main Effects	14
Interactions	15

CHAPTER 2

Method	16
Subjects	16
Materials	17
Case Descriptions	17
Interventions	18
Instrument	19
Procedures	20
Method of Analysis	21

CHAPTER 3

Results	22
Table I	23
Table II	24

CHAPTER 4

Discussion	26
Appendix A	30
Appendix B	48
Appendix C	50
Table III	50
Table IV	51
Table V	52
References	53

FIELD PROJECT ACCEPTANCE

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ABSTRACT

The study examined the effects of a child's socioeconomic status and intellectual level on classroom teachers' ratings of positive and negative interventions. Ninety urban kindergarten through sixth grade classroom teachers participated in the study. The teachers varied according to age, sex, race, number of years taught, and years of experience with low socioeconomic children, as well as grade level currently teaching. A vignette was constructed varying the socioeconomic status and intellectual level of an elementary school age boy who was displaying inattention during instructional time. The inattention (token economy) paired with it. The teachers were asked to read one of the eighteen case history/intervention strategies. Following the reading, they filled out the Intervention Rating Profile (IRP-20) to judge the acceptability of that intervention for that type of child. No main effects or interactions were found to be significant. It was concluded the socioeconomic status and intellectual level of the child did not enter into the teachers' judgment of the intervention's acceptability. The teachers showed no significant preference for the positive over the negative token economy intervention or vice versa. Other factors undoubtedly are considered more than these particular characteristics of the child. The intervention used may not be a form teachers prefer to implement. Future studies could investigate different intervention strategies which might interact more significantly with the salient characteristics of the child.

Chapter 1

Introduction

Consumer behavior has always been a major consideration of the advertising and marketing departments of any successful company. Many charts, graphs, and other prognostication tools have been enlisted in the effort to capture an understanding of what it is a consumer looks for when choosing a product or service. Products and services currently in use are scrutinized to determine what specific qualities appeal to the consumer. The information gained is then used to develop new products which will readily attract consumer interest. The success or failure of a business lies essentially in the hands of the consumer.

Many professional groups including doctors, social service agencies, and school psychologists are becoming aware of the impact consumer behavior can have on whether or not a product or service is used. In the past these groups have presented strategies and interventions to enable clients to improve the quality of the lives they lead. However, much to these groups' surprise and consternation, many of these strategies and interventions remained unused by the people they were trying to help.

Until recently it was a mystery to many agencies and individuals involved in the "helping" professions as to why their expertise or services were not being used. Now, those

responsible for providing services have begun to examine the business community's methods of studying products and services currently in use to predict vehicles for the effective presentation of strategies and interventions in the future. Many in the "helping" professions thought they knew what the clients should like and benefit from, but few of those helpers explicitly asked the consumers of those services what they wanted. Hence, many failures have occurred which, in terms of lost human potential, constitute a heavy price to pay for the historic inattention to consumer behavior and preference.

The problem with which psychologists and others in the "helping" professions need to be concerned is how can this source of information be applied in the delivery of strategies and interventions. So much is at stake that the problem or means of making interventions more successful can no longer be ignored.

Much can be learned by studying the specific consumer population of the school psychologist. By using this information effective interventions can be devised and subsequently tailored to better meet the needs of the teachers, children, and parents involved. Such a strategy should ultimately not only increase the use of school psychological services, but also add to their effectiveness.

In the present study, the subjects were consumers of school psychological services. The study sought to determine the effect of certain variables upon the acceptance of

those services. Socioeconomic status and intellectual level of the child as well as the type of intervention, positive or negative, were investigated. These variables were hypothesized to affect the successful application of interventions proposed to the consumers for use in the classroom.

Review of the Literature

Social validity is a concept which denotes society's judgments with regard to the importance and usefulness of goals, the appropriateness of procedures used in behavioral studies, and the effects or results of behavioral programs and interventions (Wolf, 1978). It is a relatively new focus of research in the psychological profession, also. Psychologists are just now beginning to realize that society's opinions on the various research projects could be important to their success or failure.

The potential problem with which Wolf (1978) wrestled was that social judgments are extremely subjective concepts and require subjective measuring devices. This would not have been a problem when psychology, as a field of study, was taking shape before the turn of the century. Introspection, a type of subjective measurement, was used almost exclusively. "The subject's verbal descriptions about sensations, private events, and feelings such as pleasantness and unpleasantness had been taken to be the primary subject matter of psychology" (Boring, 1950, quoted from Wolf, 1978, p. 204). However, within the first decades of this century,

introspection and other subjective measurements were cast aside in favor of more objective measuring devices. This change came about as a result of the rise of positivism in science and philosophy. Edwin Boring (1950) said scientists found experience or introspection to be an unsuccessful and certainly not the consummate method to obtain data. They wanted to get as close as they could to the basic data with the hope of increasing agreement and creating less chance for the data to be misunderstood. Watson and Skinner both argued against the use of subjective measures of private events. While they were unwilling to say the internal states did not exist, they thought the private events were not relevant in functional analysis and mention of them was not needed. Given the last thirty or forty years of trying to make each study as objective as possible, it is no wonder Wolf (1978) experienced some second thoughts about proposing such a concept.

Wolf (1978) experienced problems (in the form of negative community feedback) in the Achievement Place Research Project he and his colleagues were conducting. Wolf said, "We, of course, tried to explain that we were psychologists and thus the most qualified judges of what was best for people. Somehow, they (the community) didn't seem convinced by that logic" (p. 206). The difficulties experienced in this research showed Wolf and his colleagues that "social importance" was a subjective concept and only society could make that judgment. There would have to be better measures

developed to assess society's judgments.

The three levels of social validation which seemed to be most salient for Wolf (1978, p. 207) were:

1. The social significance of the goals. Are the specific behavioral goals really what society wants?
2. The social appropriateness of the procedures. Do the ends justify the means? That is, do the participants, caregivers and other consumers consider the treatment procedures acceptable?
3. The social importance of the effects. Are consumers satisfied with the results? All the results, including any unpredictable ones?

These are the judgments of social validity. Keeping these three concepts in mind will help all psychological researchers stay nearer their goal of social relevance.

An example of the use of social validation of behavioral goals was presented in a study (Minkin, Braukmann, Minkin, Timbers, Timbers, Fixsen, Phillips, and Wolf, 1976) which involved determining what specific conversational skills of adolescent girls were relevant. Adolescent girls and university girls were videotaped while conversing with adults. The girls were then rated in regard to their effectiveness as conversationalists by people selected as judges from the community. The university girls were judged to be the better conversationalists. The tapes were reviewed many times by Minkin and his associates who found three kinds of behavior which correlated with the judgments of the community raters. (The three behaviors were: time spent talking, conversational questions, and positive feedback behaviors.) This method helped isolate the particular behaviors to which

the community raters were responding when the overall conversation was evaluated.

In another example, Werner, Minkin, Minkin, Fixsen, Phillips, and Wolf (1975) attempted to identify some of the behaviors involved in youth-police interactions. Informal interviews and formal questionnaires were used to identify several behaviors which were important, such as expression of cooperation and politeness. This study helped show that certain behaviors demonstrated by the youth could affect the police officer's decision about custody.

So, rather than deciding by oneself the validity of the behavioral objectives of a treatment program, we can approach the specific consumer or representatives of the relevant community, and through interviews or ratings determine much more precisely what the socially significant problems are. (Wolf, 1978, p.209)

The second kind of social validity Wolf (1978) mentions is the social appropriateness of the treatment procedures used. Foxx and Azrin (1972) found that caregivers prefer restitution procedures over time-out or shock punishment. In the Achievement Place homes, the number of offenses committed by the youth correlate very high with the perceived empathy of the teaching-parents and the fairness of the program (Braukmann, Kirigin, and Wolf, 1976). Ethical reasons may not be the only area to examine with regard to the acceptability of treatment procedures to subjects. Effectiveness and program support as well as adoption may hinge on the participant's acceptance of the treatment procedures proposed (Wolf, 1978).

The third level of social validity involves the importance of the effects of behavioral treatment. To quote Wolf (1978, p. 210):

Behavioral treatment programs are designed to help someone with a problem. Whether or not the program is helpful can be evaluated only by the consumer. Behavior analysts may give their opinions, and these opinions may even be supported with empirical, objective behavioral data, but it is the participants and other consumers who want to make the final decision about whether a program helped solve their problems. Many behavior analysts are beginning to validate their objective data with systematic, subjective measures of consumer satisfaction.

Several researchers have demonstrated the social importance of the results of behavioral treatment. In one example Maloney and Hopkins (1973) discovered judges' ratings of creativity rose when elementary school children's sentence structure of stories which they had written themselves, were modified. A study done by Kent and O'Leary (1976) showed that when objective data demonstrated increases in appropriate school behavior, the teacher's ratings of the child's behavior rose. Braukmann, Fixsen, Kirigin, Phillips, Phillips, and Wolf (1975) used the consumer satisfaction feedback they received as a quality control measure for the Achievement Place treatment paradigm.

It has been demonstrated by the aforementioned studies that social validity can be measured and should be reckoned with as an important consideration in psychological research. However, there will always be hesitancy on the part of researchers using this kind of data, given the risk involved. Subjective data has been demonstrated in many

instances not to have any relationship to the objective data presented (cf. Berleman, Seaberg, and Steinburn, 1972; Conrad and Wincze, 1976). While this is important to keep in mind, social validity should not be ignored, as it was in the past. It is up to the psychological researchers to develop measures to increase its reliability.

At this point let me identify several different features involving acceptability of treatment (social validity) which have been investigated. Later they will be described in more detail. Among these features are the type of intervention to be employed (e.g., time-out, positive practice, reinforcement, drug treatment, electric shock, and group contingencies [Kazdin, 1980a; 1980b; Rosenbaum, O'Leary and Jacob, 1975]); the effectiveness of the treatment (Braukmann, Fixen, Kirigin, Phillips, Phillips, and Wolf, 1975; Kent and O'Leary, 1976; Kazdin, 1981); the amount of time needed to achieve optimal results from the intervention (Witt, Elliott and Martens, in press, Kazdin, 1982); and, treatment side effects (Kazdin, 1981).

Another general area of acceptability research which needs to be identified is the focus on the examination of consumer groups who might be affected by the treatment, i.e., parents, children, teachers, psychiatric hospital staff members, and inpatients (Kazdin, French, and Sherick, 1981; Witt, Elliott, and Martens, in press).

Positive vs. Negative Interventions

The recent literature suggests the treatment procedures

construed as positive in effect are considered more acceptable than other more aversive interventions. Kazdin (1980a) found that among a population of undergraduate students given three different treatment strategies (nonexclusionary time-out, exclusionary time-out, and reinforcement of incompatible behavior) they chose reinforcement of incompatible behavior and time-out without withdrawal from the group as more acceptable than time-out in the form of isolation outside the room. In another section of the same study, he discovered isolation was more acceptable when placed in a contingency contract or used as back-up for another form of time-out. Therefore, while Kazdin showed a more positively perceived intervention was acceptable over the others, a less acceptable treatment might be deemed useful depending on how it was presented to the persons involved.

In another study by Kazdin (1980b) further support was marshaled for the contention that positive treatment strategies produce a greater degree of acceptability than strategies perceived as negative. This study involved having undergraduate students evaluate four different treatment strategies for problem behaviors (reinforcement of incompatible behavior, time out from reinforcement, drug therapy, and electric shock). The results show reinforcement of incompatible behavior as the most acceptable intervention procedure. The others fall in the order listed above.

Kazdin, French, and Sherick (1981) examined how parents, disturbed children, and staff viewed particular

treatments. Further support was obtained for the proposition that interventions with positive effects are considered more acceptable. The participants preferred positive reinforcement of incompatible behaviors to the other interventions presented, e. g., positive practice, medication, and time-out from reinforcement.

In a related study, Witt, Elliott, and Martens (in press) demonstrated that positive interventions (i.e., those created to increase appropriate behavior) were more acceptable to pre-service teachers than negatively perceived interventions (i.e., those created to decrease inappropriate behavior). Case descriptions containing information concerning a child displaying a behavior problem followed by an intervention (token economies) to be applied to the behavior problem were given to these pre-service teachers for evaluation. However, when one hundred eighty experienced teachers from two different states were given these same case descriptions, there was no significant difference between acceptability of positive or negative interventions (Witt, Martens, and Elliott, in press). Witt and his associates could not be certain what accounted for the difference between the pre-service and experienced teachers. Experience in teaching could cause teachers to be more skeptical of the efficacy of any type of intervention.

Foxx and Azrin (1972), as mentioned above in the introduction, found restitution to be preferred over time-out or shock punishment. The perceived positive procedures being

used in the Achievement Place Research Project correlated highly with the number of offenses committed by the youth.

From the research on preferred interventions, a general trend can be discerned. Interventions are more acceptable to the participants when they are perceived as being positive. This is most important data for consultants and others involved in the process to be aware of when they are designing programs.

Case Severity And Treatment Side Effects

Case severity refers to how detrimental to the individual or society the behavior to be controlled is perceived by those assessing the behavior. It had an impact on the acceptance of the alternate treatments presented in Kazdin's (1980b) study, with all of the treatments being seen as more acceptable as the severity level increased. In contrast, Witt, Elliott, and Martens (in press) found among teachers the severity of the behavior problem had no influence on acceptability.

Adverse side effects of a treatment cause acceptability ratings to be much lower. Kazdin's (1981) study showed all of the treatments (reinforcement of incompatible behavior, positive practice, time-out from reinforcement, and medication) were much less acceptable if adverse side effects were an integral part of each treatment. Kazdin (1981) describes adverse side effects as those unintended effects of the procedure that usually affect areas other than those focused

on in the treatment. Timeout and positive practice have been associated with crying and tantrums (Azrin and Wesolowski, 1975). Treatments using aggression have reported side effects such as hitting the person who is administering the punishment and throwing objects (Foxy and Azrin, 1972). This information is necessary to keep in mind when selecting treatments because negative side effects could cause the effectiveness to decrease.

Time And Resources

The literature shows that the amount of time and resources needed to implement an intervention strategy can affect the acceptability of the treatment. Patterson, Cobb, and Ray (1971), in working with teachers, found there was a certain amount of disdain for behavior modification among this group. Hence, they have tried to develop a strategy which does not require a large amount of time on the part of the teacher. Likewise, Ruppucci and Sanders (1974) agree that time as well as money and sheer numbers are severely limited in the natural setting. Additional support is gained from Witt, Elliott, and Martens (in press), and Witt, Martens and Elliott (in press) for the hypothesis that amount of time required per intervention greatly affects teacher acceptability.

The PASS (Program for Academic Survival Skills) is a good example of a well-documented and effective program which outstrips the time, money, and manpower available to make it a reality within most school districts (Greenwood,

Hops, Walker, Guild, Stokes, Young, Keleman, and Willardson, 1979). The program involves many hours of training, beginning with a person from the school district being trained in a two-day workshop. The person returns to the district to train the teachers to use the system. Six, two-hour sessions are required for the training to be complete. The teachers then return to their classrooms to begin usage of the program. Consultants provide follow-up so that the program is being used properly. The minimum number of visits a consultant might make to a classroom is seventeen, with each visit lasting twenty minutes. Clocks and environment recording devices are just two of the many pieces of equipment needed for the program. In addition, the staff receives extra money for their participation. Hence, the practitioner must be aware of time and material constraints as well as the perception of the treatment strategy.

In each of the three literature subsections reviewed consumer factors pertaining to educational interventions as well as the broader literature base were explored. A brief review might help in focusing attention on those factors which are more closely related to the present study. First, positive interventions have been noted as being more acceptable, with one exception. Experienced teachers (Witt, et al., in press) did not prefer positive or negative over the other. Secondly, the severity level of the behavior exhibited did not significantly influence the teachers' ac-

ceptability ratings (Witt, Elliott, & Martens, in press). Finally, time and resources available appear to be important factors in a teacher's decision to implement a strategy or not.

Statement of Purpose

The present study examined variables which might possibly affect the social validity of the treatment procedure which have not been considered in previous research. In the preceding literature review, many features of acceptability have been studied. An area which has been neglected is the examination of the specific characteristics salient to the child. Specifically, the study attempted to determine whether intellectual level and/or socioeconomic status of the child have a significant effect on teachers' acceptability of interventions designed for a problem child in the classroom setting. Secondarily, the type of intervention chosen as most acceptable for a given child was also examined. The information gained from this study will assist psychologists and other professionals involved with school-based consultation in understanding all the factors which can influence the use or non-use, success or failure, of a given classroom intervention.

Hypotheses

Main effects.

1. The child's socioeconomic status will significantly influence the teachers' judgments of the acceptability of a

given intervention strategy.

2. The child's intellectual level will significantly influence the teachers' judgments of the acceptability of a given intervention strategy.

3. The positive intervention will be chosen by the teachers as a more acceptable treatment measure than the negative treatment.

Interactions.

1. There will be a significant interaction between socioeconomic status and intellectual level.

2. There will be a significant interaction between socioeconomic status and type of intervention.

3. There will be a significant interaction between intellectual level and type of intervention.

4. There will be a significant second order interaction between socioeconomic status, intellectual level, and type of intervention.

Chapter 2

Method

Subjects Ninety elementary public school teachers from a large urban school district participated in this investigation. The schools were chosen by assigning each school a number. A random numbers table was used to select the number of participants required. The principal of each school was contacted, given a brief overview of the study, and the type of teachers needed. Once the consent was given by the principal, a presentation of the study was scheduled during a special staff meeting or regular staff meeting. As these teachers volunteered to participate in the study, they were randomly given one of the eighteen case study/interventions to read and rate. Five teachers were assigned to each profile. These teachers varied in the number of years having taught school, grade level taught, age, sex, and race and years of experience with low socioeconomic children. The age range of the teachers who participated was 23 to 64 years of age, with the median age being 36. The number of years spent in the teaching profession ranged from less than a full year to 36 years, with the highest percentage (11.1) of the teachers having taught ten years. Years of experience working with low socioeconomic level children included teachers with no experience up to one teacher with 28 years of experience. The largest percentage (18.9) of

teachers stated they had worked with low socioeconomic children for ten years. Eighty-eight percent of the teachers participating in the study were female; twelve percent were male. The racial groups represented consisted of 80% white, 19% black, and 1% hispanic. Kindergarten through sixth grade were represented as follows: kindergarten 5.6%; grade one 15.6%; grade two 18.9%; grade three 14.3%; grade four 11.1%; grade five 18.9%; and grade six 16.7%. Only six teachers due to prior commitments, chose not to participate in the study.

Materials

Copies of the materials used in this study (the eighteen sets of case history/intervention strategies and the scale used to assess the acceptability of intervention) are presented in Appendices A and B.

Case descriptions. A brief case study depicting an elementary school age boy who spent approximately one fourth of each day's instructional/learning time staring out the window was the focus of the materials. Nine versions of this problem were prepared. Each differed only in regard to the child's stated socioeconomic status and his intellectual level. Three levels of socioeconomic status and three levels of intelligence were paired. The socio-economic level of the child was expressed in the form of an occupation within the high, middle, and low levels. Medical doctor, supervisor in a large factory, and janitor were chosen as representatives of each level (Reiss, 1961). The

intellectual level of the child was expressed as an intelligence quotient on the Wechsler Intelligence Scale for Children-Revised. In addition, a general range of intellectual functioning was provided to help insure teacher understanding of the child's stated intellectual abilities. The point spread between the three levels of IQ was eighteen points from the mean (Wechsler Intelligence Scale for Children-Revised = 100). This particular spread was chosen because it allowed each case's stated intellectual functioning level to be more than one but less than two standard deviations away from the mean or average (low average, average and high average). Extreme differences in the intelligence quotient (such as those between the severe/profoundly handicapped and the gifted), were not used due to the chance the target behavior might be viewed in a different light than it would be for more "normal" children. Each case description used the same behavior, inattention in the form of staring out the window. This particular behavior was judged in a study done by Elliott, Witt, and Galvin (in press) to be less severe than other behavior problems within the classroom. Severe behavior problems were not used as they might mask the variables being investigated.

Interventions. An intervention strategy was presented with each case history. There were two types of treatments, positive and negative (nine positive pairings and nine negative pairings). The positive intervention involved a token

economy whereby the child was rewarded with small plastic discs for appropriate behavior. These discs could be used to purchase time during the last fifteen minutes of the school day and privileges for using special games and equipment after school. Two hours of teacher time were required.

The negative intervention involved the placing of slips of paper on the child's desk beginning each day. The teacher monitored the child and removed one slip each time the child was staring out the window. Each slip represented a four minute reduction in afternoon recess. If all four slips were lost in one day, the child had to stay after school for fifteen minutes. This procedure, like the positive intervention, required two hours of the teacher's time.

Instrument. A twenty-item Likert rating scale, developed by Witt and Martens (in press), was used to assess teachers' perceptions of the acceptability of the case interventions. Witt and Martens factor analyzed the instrument called the Intervention Rating Profile (IRP-20), and found one primary factor (general acceptability) and four secondary factors which concern various dimensions related to acceptability of treatments (a) the amount of risk posed by an intervention; (b) the amount of teacher time consumed by an intervention; (c) the degree to which the intervention might negatively affect other children in the classroom; and (d) the amount of teacher skill needed to implement the intervention (Elliott and Witt, in press).

Although still an experimental scale, some validity and

reliability information is available for the Intervention Rating Profile (IRP-20). Acceptability studies (Witt and Martens, in press) utilizing the IRP-20 and the Evaluative Dimension of the Semantic Differential resulted in high positive correlations (.86) between the two tests. A reliability coefficient of .98 was found when the IRP-20 was used to differentiate between interventions (Martens, Witt, Elliott, and Darveaux, in press).

Procedures

Materials were presented to teachers during a regular staff meeting in their home school. The teachers were instructed to read the case history/intervention strategy given to them, as well as complete the Intervention Rating Profile.

The following oral instructions were given to the teachers:

This study is designed to determine what teachers think of various classroom intervention strategies. Those of you willing to participate will be given a short case history and intervention to read. Once you have finished reading the case, please complete the evaluation form. This form is completed by circling one of six numbers which correspond to various levels of agreement or disagreement with each statement. You will also find a general information cover sheet, which will need to be completed. The information you provide

will help in evaluating the data obtained. This information will remain strictly confidential. The whole procedure should take no more than fifteen minutes. Upon completion of the study, a brief overview of the results will be made available to your school. Thank you for your participation.

Method of Analysis

A 3 x 3 x 2 analysis of variance was employed to assess the effects of eighteen case history combinations of the various levels of socioeconomic status, intellectual level, and intervention type on teacher acceptability of treatment intervention.

A covariance analysis was considered. However, none of the variables of age, number of years taught or years of experience with low socioeconomic children were significantly related to the IRP-20 score so this technique was not used.

Socioeconomic status, intellectual level, and type of intervention were the independent variables of the study. Specifically, there were three levels of socioeconomic status (high, middle, low) represented by the occupations of medical doctor, supervisor of a large factory, and janitor; three levels of intellectual status (high average, average, low average); and, two types of interventions (positive and negative). The dependent variable was the ratings obtained on the Intervention Rating Profile.

Chapter 3

Results

The reliability analysis of the twenty items on the Intervention Rating Profile (IRP-20), demonstrated an internal consistency coefficient of .94 between items. This indicates that the IRP-20 is highly reliable. All items had high correlations with each other and thus are consistently measuring the same thing.

Table I presents the means and standard deviations of the obtained scores involving the entire population of teachers sampled as well as the sub-populations (socioeconomic status, intellectual level, and type of intervention) as measured by the Intervention Rating Profile.

In the following table the means represent the placement of the particular population on the Intervention Rating Profile. For example, if all the members of the sub-population High SES level, High Avg. IQ, Pos. Interven., answered 1 ("strongly disagree") to all twenty items in the Profile, the mean for that population would be 20. The ratings available ranged from 1 ("strongly disagree") to 6 ("strongly agree"). Most ratings fell between 3 ("slightly disagree") and 4 ("slightly agree"), with means falling between 60 and 80.

Table I

Population and Sub-population Means and Standard Deviations

Variable	Means	Standard Deviation	N
For entire Population	74.03	19.75	(90)
Sub-populations			
High SES level	77.70	22.82	(30)
Low Avg. IQ	79.90	19.04	(10)
Neg. Interven.	78.00	26.08	(5)
Pos. Interven.	81.80	11.26	(5)
Avg. IQ	72.30	27.00	(10)
Neg. Interven.	77.00	32.58	(5)
Pos. Interven.	67.60	22.89	(5)
High Avg. IQ	80.90	23.17	(10)
Neg. Interven.	76.00	23.84	(5)
Pos. Interven.	85.80	24.08	(5)
Middle SES level	74.23	16.71	(30)
Low Avg. IQ	77.80	17.54	(10)
Neg. Interven.	74.80	23.09	(5)
Pos. Interven.	80.80	11.67	(5)
Avg. IQ	67.70	16.57	(10)
Neg. Interven.	69.00	17.23	(5)
Pos. Interven.	66.40	17.78	(5)
High Avg. IQ	77.20	15.70	(10)
Neg. Interven.	80.40	18.84	(5)
Pos. Interven.	74.00	13.21	(5)
Low SES level	70.17	19.17	(30)
Low Avg. IQ	66.00	24.12	(10)
Neg. Interven.	62.80	30.55	(5)
Pos. Interven.	69.20	18.70	(5)
Avg. IQ	69.90	13.65	(10)
Neg. Interven.	75.20	12.52	(5)
Pos. Interven.	64.60	13.87	(5)
High Avg. IQ	74.60	19.37	(10)
Neg. Interven.	79.20	13.66	(5)
Pos. Interven.	70.00	24.57	(5)

A 3 x 3 x 2 analysis of variance was performed resulting in no significant F ratios. The main effects of the variables socioeconomic status, intellectual level, and type of intervention did not produce significant differences in the teachers' acceptability of the intervention. Socioeconomic status and intellectual level did not significantly interact with each other. The type of intervention did not interact with the aforementioned variables either. Table II shows the results of the analysis with degrees of freedom and F values.

Table II

Tests of significance for Score using sequential sums of squares

Source of Variation	SS	DF	MS	F	Sig of F
SES	853.07	2	426.53	.987	.378
IQ	879.20	2	439.60	1.018	.367
Interven.	41.34	1	41.34	.096	.758
SES by IQ	576.13	4	144.03	.333	.855
SES by Interven.	130.49	2	65.24	.151	.860
IQ by Interven.	631.02	2	315.51	.730	.485
SES by IQ by Interven.	498.44	4	124.61	.288	.885
Within Cells	31101.20	72	431.96		
TOTAL	34710.89	89			

A covariance analysis was performed with number of years spent teaching as the covariate. However, the correlation was only $-.125$ with the dependent variable. The results were not significant so the covariance analysis was not reported.

Chapter 4

Discussion

The socioeconomic status and intellectual level of children did not appear to significantly influence the judgments of teachers' acceptability of the interventions proposed. Nor was there any difference between the effects of positive versus negative interventions. There were no significant interactions between any of the variables. The means in Table I did show a tendency in the direction the hypotheses predicted, but the tendency was slight.

There are several possible reasons why no significant results were found in this research. First, the theory behind the hypotheses could have been wrong. These kinds of variables may not enter into a teacher's decision to implement a given strategy. Many teachers have reportedly said that IQ and SES levels are factors in their decisions, but this was not reflected in the results. In looking at the demographic information of the teachers, 90% of them had taught low socioeconomic children for many years. Having had so much experience working with these children, these particular teachers may be conditioned to not consider these characteristics as significant. The variables may have an effect on the judgments of other teachers. Secondly, reading about a hypothetical case history/intervention may have been too artificial a situation for the teachers. They may

need a more concrete set of circumstances, something which affects them personally or professionally in their own classroom. Another possible reason might have been that the Intervention Rating Profile (IRP-20) lacked sensitivity to pick up the subtleties of the variables. The IRP-20 may not have been a valid measure for the purpose of the present study.

Problems within the study itself could have contributed to the lack of significance in the findings. Perhaps the sample was not large enough to represent the population of teachers surveyed. The larger sample may have helped reduce the error variance which was quite high. The time of year (report card and parent conference time) may have affected the teachers general dispositions about participating in the study. Some teachers may have had preconceived ideas about the type of intervention used and preferred not to use a token economy system. The behavior with the vignettes may have been too innocuous to warrant spending two hours of their time to correct. Two of the teachers involved in this study mentioned they had large classrooms and did not have enough time to spend with just one child.

The important question to be asked is: What can be gained from this study to aid teachers in the classroom? The type of intervention proposed was behavioral. It may be that teachers are not well enough trained in behavior modification theory and techniques. One bad experience using this approach would cause many teachers to try other inter-

ventions. Behavior modification requires the practitioner to be well trained in its uses. Initial planning to set up a behavioral program and consistency are very important. These components may have been neglected. Many myths have circulated concerning behavior modification which need to be dispelled. Teachers interested in learning how to implement these techniques could obtain training through university courses or inservice programs provided by their psychological services department. This would be an excellent way to build rapport among the staff and psychologist.

Another possible area to consider is time management. Taking time to observe their own classroom and note how many instances a class is interrupted due to a child's behavior might give them a sense of amount of time lost during a day. The amount of time spent in carrying out an intervention such as the one proposed in the present study might not appear to be so great in comparison. Putting the whole class on a token economy system could be another way to control the amount of instructional time lost in a day.

A more efficient and mutually satisfying consultative relationship devoted to exploring various interventions available could be initiated by the teachers themselves. It would not necessarily have to involve the psychologist. Communication is the only way wants and needs can be made known. Resources can be made available after the initial needs have been communicated.

In future studies, all eighteen vignettes could be

given to one teacher to read and rate. The researcher would need to take precautions in regard to the use of repeated measures, but a within subjects design would control for more of the error variance demonstrated in the present study. However, this would be a time consuming study and teachers might not be willing to participate. A different sampling of teachers could be used, such as a group who used behavior modification techniques regularly. This might eliminate the error involved with the type of intervention presented. Intervention strategies other than behavioral interventions could be investigated to see if they interact more significantly with the salient characteristics of the child.

APPENDIX A

PROFILE 1

CASE HISTORY

Mike is an elementary school age student whose father is a medical doctor. It has been determined that he is functioning within the high average range of intellectual abilities (WISC-R IQ = 118), however, Mike has not been paying attention in school. His teacher has been concerned about this behavior since it has been estimated that Mike spends approximately one quarter of all classroom instructional time looking out the window.

INTERVENTION

Mike's teacher has decided to implement the following procedure to reduce Mike's inattention in the classroom. The teacher has decided to set up a program whereby Mike will be rewarded with small plastic discs for appropriate behavior. The discs can be used to purchase recreation time during the last fifteen minutes of each school day and privileges for using special games and equipment after school. This procedure will require approximately two hours of teacher time each week: 15 minutes to discuss the procedure with Mike; 15 minutes a day to monitor Mike's behavior and deliver the discs; and an average of 30 minutes monitoring Mike's selection and utilization of recreation time and materials.

PROFILE 2

CASE HISTORY

Mike is an elementary school age student whose father is a medical doctor. It has been determined that he is functioning within the average range of intellectual abilities (WISC-R IQ = 100), however, Mike has not been paying attention in school. His teacher has been concerned about this behavior since it has been estimated that Mike spends approximately one quarter of all classroom instructional time looking out the window.

INTERVENTION

Mike's teacher has decided to implement the following procedure to reduce Mike's inattention in the classroom. The teacher has decided to set up a program whereby Mike will be rewarded with small plastic discs for appropriate behavior. The discs can be used to purchase recreation time during the last fifteen minutes of each school day and privileges for using special games and equipment after school. This procedure will require approximately two hours of teacher time each week: 15 minutes to discuss the procedure with Mike; 15 minutes a day to monitor Mike's behavior and deliver the discs; and an average of 30 minutes monitoring Mike's selection and utilization of recreation time and materials.

PROFILE 3

CASE HISTORY

Mike is an elementary school age student whose father is a medical doctor. It has been determined that he is functioning within the low average range of intellectual abilities (WISC-R IQ = 82), however, Mike has not been paying attention in school. His teacher has been concerned about this behavior since it has been estimated that Mike spends approximately one quarter of all classroom instructional time looking out the window.

INTERVENTION

Mike's teacher has decided to implement the following procedure to reduce Mike's inattention in the classroom. The teacher has decided to set up a program whereby Mike will be rewarded with small plastic discs for appropriate behavior. The discs can be used to purchase recreation time during the last fifteen minutes of each school day and privileges for using special games and equipment after school. This procedure will require approximately two hours of teacher time each week: 15 minutes to discuss the procedure with Mike; 15 minutes a day to monitor Mike's behavior and deliver the discs; and an average of 30 minutes monitoring Mike's selection and utilization of recreation time and materials.

PROFILE 4

CASE HISTORY

Mike is an elementary school age student whose father is a supervisor in a large factory. It has been determined that he is functioning within the high average range of intellectual abilities (WISC-R IQ = 118), however, Mike has not been paying attention in school. His teacher has been concerned about this behavior since it has been estimated that Mike spends approximately one quarter of all classroom instructional time looking out the window.

INTERVENTION

Mike's teacher has decided to implement the following procedure to reduce Mike's inattention in the classroom. The teacher has decided to set up a program whereby Mike will be rewarded with small plastic discs for appropriate behavior. The discs can be used to purchase recreation time during the last fifteen minutes of each school day and privileges for using special games and equipment after school. This procedure will require approximately two hours of teacher time each week: 15 minutes to discuss the procedure with Mike; 15 minutes a day to monitor Mike's behavior and deliver the discs; and an average of 30 minutes monitoring Mike's selection and utilization of recreation time and materials.

PROFILE 5

CASE HISTORY

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INTERVENTION

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PROFILE 7

CASE HISTORY

Mike is an elementary school age student whose father is a janitor. It has been determined that he is functioning within the high average range of intellectual abilities (WISC-R IQ = 118), however, Mike has not been paying attention in school. His teacher has been concerned about this behavior since it has been estimated that Mike spends approximately one quarter of all classroom instructional time looking out the window.

INTERVENTION

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PROFILE 9

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INTERVENTION

Mike's teacher has decided to implement the following procedure to reduce Mike's inattention in the classroom. The teacher has decided to place four small slips of paper on Mike's desk at the beginning of each day. Every time the teacher notices Mike looking out the window a slip of paper will be removed. Each slip of paper Mike loses represents a four minute reduction in afternoon recess time. If Mike loses all four slips in one day, he must stay after school for fifteen minutes. This procedure requires approximately two hours of teacher time each week: 15 minutes to explain the procedure to Mike, fifteen minutes a day to cut out slips of paper, monitor behavior and remove the slips; and perhaps an average of 30 minutes a week to stay after school with Mike.

PROFILE 11

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APPENDIX B

Intervention Rating Profile

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. These interventions will be used by teachers of children with behavior problems. Please circle the number which best describes your agreement or disagreement with each statement.

[In reproducing the Intervention Rating Profile for this field project it is necessary to omit vertical indications over the number columns: 1 = strongly disagree; 2 = disagree; 3 = slightly disagree; 4 = slightly agree; 5 = agree; 6 = strongly agree.]

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Teachers are likely to use this intervention because it requires little technical skills. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Teachers are likely to use this intervention because it requires little training to implement effectively. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Most teachers would find the intervention suitable for the behavior problem described. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Most teachers would find this intervention appropriate for behavior problems in addition to the one described. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. The child's behavior problem is severe enough to warrant use of this intervention. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. This intervention would be appropriate for use before making a referral. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. This intervention would not be difficult to implement in a classroom with 30 other students. | 1 | 2 | 3 | 4 | 5 | 6 |

8.	This intervention is practical in the amount of time required for parent contact.	1	2	3	4	5	6
9.	This intervention is practical in the amount of time required for contact with school staff.	1	2	3	4	5	6
10.	This intervention is practical in the amount of time required for record keeping.	1	2	3	4	5	6
11.	This intervention is practical in the amount of out-of-school time required for implementation.	1	2	3	4	5	6
12.	This intervention would not be disruptive to other students.	1	2	3	4	5	6
13.	It would not be difficult to use this intervention and still meet the needs of other children in a classroom.	1	2	3	4	5	6
14.	This intervention should prove effective in changing the child's problem behavior.	1	2	3	4	5	6
15.	This would be an acceptable intervention for the child's problem behavior.	1	2	3	4	5	6
16.	This intervention would not result in negative side-effects for the child.	1	2	3	4	5	6
17.	This intervention would not result in risk to the child.	1	2	3	4	5	6
18.	This intervention would not be considered a "last resort".	1	2	3	4	5	6
19.	Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6
20.	I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6

APPENDIX C
Subject Demographic Tables

Table III

Age

Value	Frequency	Percent
23	2	2.2
24	1	1.1
25	1	1.1
26	4	4.4
27	5	5.6
28	3	3.3
29	1	1.1
30	3	3.3
31	5	5.6
32	3	3.3
33	5	5.6
34	2	2.2
35	7	7.8
36	8	8.9
37	2	2.2
38	3	3.3
40	4	4.4
41	2	2.2
42	2	2.2
43	1	1.1
45	5	5.6
46	1	1.1
47	3	3.3
49	3	3.3
50	5	5.6
52	3	3.3
54	1	1.1
55	1	1.1
59	1	1.1
61	1	1.1
62	1	1.1
64	1	1.1
TOTAL	90	100.0

Table IV
Number of Years Taught

Years	Frequency	Percent
0 (less than 1)	2	2.2
1	3	3.3
2	1	1.1
3	2	2.2
4	7	7.8
5	2	2.2
6	4	4.4
7	5	5.6
8	1	1.1
9	3	3.3
10	10	11.1
11	3	3.3
12	4	4.4
13	5	5.6
14	2	2.2
15	7	7.8
16	5	5.5
17	2	2.2
18	1	1.1
20	1	1.1
21	1	1.1
22	4	4.4
23	3	3.3
24	2	2.2
25	4	4.4
27	1	1.1
28	3	3.3
34	1	1.1
36	1	1.1
TOTAL	90	100.0

Table V

Number of Years Teaching Low SES Children

Years	Frequency	Percent
0	9	10.0
1	5	5.6
2	5	5.6
3	4	4.4
4	7	7.8
5	5	5.6
6	4	4.4
7	6	6.7
8	2	2.2
9	3	3.3
10	17	18.9
11	3	3.3
12	5	5.6
14	2	2.2
15	4	4.4
16	2	2.2
17	2	2.2
20	1	1.1
23	1	1.1
24	1	1.1
25	1	1.1
28	1	1.1
TOTAL	90	100.0

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