THE EFFECTS OF MODELLING ON THE CONTINGENT
PRAISE OF MENTAL RETARDATION COUNSELLORS

BRUCE W. GLADSTONE¹ AND CHRISTOPHER J. SPENCER

RIDEAU REGIONAL CENTRE AND MEMORIAL UNIVERSITY

A multiple-baseline design was used to evaluate the effects of a simple modelling procedure on the contingent praise of five counsellors while they conducted hygiene-training sessions in toothbrushing and hand-and-face washing with severely retarded children. After varying numbers of baseline sessions, each counsellor watched a model who conducted a series of toothbrushing sessions, in which he conspicuously praised correct toothbrushing responses and approximations to correct responses. No modelling occurred during hand-and-face washing sessions. As a result of several exposures to the model's performance, levels of response-contingent praise provided by four of the five counsellors during toothbrushing sessions increased sharply over baseline. The levels of counsellor praise showed parallel increases during hand-and-face washing sessions. A two-week followup showed that the levels of praise obtained through modelling were maintained in the model's absence.

DESCRIPTORS: modelling, teaching: behavioral techniques, generalization of; praise, retarded children

The successful application of behavior-modification techniques in homes, classrooms, and institutional settings has stimulated interest in the experimental analysis of procedures that might be used to teach parents, teachers, and others to apply those techniques themselves. A question implicit in the work of many researchers (*e.g.*, Cooper, Thomson, and Baer, 1970; Cossairt, Hall, and Hopkins, 1973; Herbert and Baer, 1972; Panyan, Boozer, and Morris, 1970) is, "how can we use behavioral technology to teach behavior-modification techniques?"

From the point of view of behavior analysis, an important component of teaching is the arrangement of contingencies of reinforcement for learning (Skinner, 1968). In providing effective contingencies, teachers may arrange relevant antecedent events by telling their students how to perform through verbal and written instructions and by showing them how to perform by model-

ling. They may manipulate consequences by praising a student's performance and by providing factual and corrective feedback.

Experimental analyses of procedures for teaching behavior-modification techniques have focused on the effects of verbal instructions (*e.g.*, Cossairt *et al.*, 1973; Katz, Johnson, and Gelfand, 1972) and feedback Cooper *et al.*, 1970; Panyan *et al.*, 1970; Parsonson, Baer, and Baer, 1974; Quilitch, 1975). The studies of verbal instructions indicate that simply telling teachers, for example, to pay attention to desired classroom behavior is not likely to induce them to do it or to continue doing it, unless reinforcement or feedback is provided for desired performance. The studies of feedback procedures show that providing factual information to teachers and hospital attendants about designated behavior (*e.g.*, attention to inappropriate classroom activity, number of children active) will reliably change their behavior in the desired direction. Feedback or knowledge of results can be effective for the initial training of behavior-modification skills (*e.g.*, Cooper *et al.*, 1970), as well as for their improvement and maintenance (*e.g.*, Panyan *et al.*, 1970).

¹Reprints may be obtained from Bruce W. Gladstone, Psychology Department, Rideau Regional Centre, Box 2000, Smiths Falls, Ontario, K7A 4T7, Canada. The authors are grateful to Dennis Costain for assisting the counsellors in developing their hygiene training programs and for serving as a reliability observer.

Modelling is often one of several components of behavioral training programs (*e.g.*, Gladstone and Sherman, 1975; Ringer, 1973; Wetzel, 1970) and training programs for psychotherapists (*e.g.*, Finney, 1968; Strupp and Jenkins, 1963), but analysis of its independent effect on specific trainee responses has received little attention.

Modelling seems to have several advantages as a teaching technique. It is said that "a picture is worth a thousand words". A model can provide topographical discriminative cues for desired trainee responses that cannot easily or conveniently be presented through written or verbal instructions (*e.g.*, enthusiasm, when and how to prompt, the fading of prompts, the timing of consequences). To learn by watching does not require the learner to read or write, which all people do not do with equal ease, or to possess a special vocabulary. For this reason, many people may find learning through modelling easier and more enjoyable than learning through reading or listening to instructions alone. In addition, as one component of a teaching program, modelling may add credibility or "believability" to behavioral techniques when the professionals who recommend them are actually seen using them. As Wetzel (1970) pointed out in the context of training teachers' aides: "It is important that the training staff perform instructional and shaping functions in the classroom . . . This modeling removes the stigma of 'they talk a lot, but let's see them try to work with the children'" (p. 327).

The present study sought to evaluate the effects of a model's demonstration of response-contingent praise on the praise of five mental retardation counsellors while they conducted hygiene training sessions with severely retarded children.

METHOD

Participants and Setting

Five mental-retardation counsellors, employed in a large provincial institution for the retarded,

had received no formal instruction in techniques of behavior modification, other than a brief introduction to that field as part of their in-service training to become counsellors. The counsellors' ages ranged from 19 to 44 yr and averaged 34; four were female. The average length of time on the job was 10 yr and ranged from four months to 19 yr.

The study was conducted in the bathroom of an apartment located within the institution where four retarded children lived. Residents of the apartment were one girl and three boys, whose ages ranged from 8 yr to 15 yr; IQs ranged from 26 to 43, with an average of 37. All four children were nonverbal and lacked independent self-help skills, particularly in personal hygiene.

The apartment was staffed by three pairs of counsellors who worked three shifts, rotating every other week. At all times, two counsellors supervised the children's activities. They were responsible for total care of the children, with the main objective being to teach them behavior considered essential to successful adaptation to a private home in the community. The counsellors worked with a member of the psychology staff to establish behavioral objectives for each child in hygiene, household chores, recreation, and community familiarization. The development of independent personal hygiene skills was given highest priority by the counsellors. Specific objectives in hygiene were to teach independent toothbrushing, hand-and-face washing, bathing, grooming, and dressing. The present study took place while the children were receiving training in toothbrushing and hand-and-face washing.

The component responses of the toothbrushing and hand-and-face washing programs used by the counsellors are listed in Table 1. The method of training considered most appropriate was to guide each child physically through the sequences of component responses shown in Table 1, at first praising correct responses, whether prompted or not, and then gradually fading the physical guidance and praising progressively more independent responses. The steps

Table 1

The component responses of toothbrushing and hand-and-face washing.

TOOTHBRUSHING:

1. Removes cap from toothpaste tube.
2. Turns on cold water.
3. Wets own brush.
4. Applies toothpaste to brush.
5. Brushes teeth (uppers, lowers, front).
6. Rinses brush and rebrushes.
7. Rinses brush and hangs it up.
8. Rinses mouth with glass of water.
9. Replaces cap on toothpaste tube.
10. Turns cold water off.

HAND-AND-FACE WASHING:

1. Puts plug into sink.
 2. Fills sink with hot and cold water.
 3. Washes hands with soap.
 4. Rinses hands.
 5. Wets washcloth in sink.
 6. Puts soap on washcloth.
 7. Washes face with cloth.
 8. Rinses cloth.
 9. Rinses face with cloth.
 10. Rinses cloth.
 11. Hangs up cloth.
 12. Dries hands and face.
 13. Hangs up towel.
 14. Drains sink.
-

for this training method were memorized and rehearsed by the counsellors before the study began. (The sequence of toothbrushing responses shown in Table 1 and the methods of instruction are quite similar to those investigated by Horner and Keilitz (1975) with retarded adolescents.)

Sessions

Each morning and evening after meals, one counsellor took each of the four children individually into the bathroom for hygiene training. (There was no fixed order by which the children were taken to the bathroom.) Toothbrushing sessions always preceded hand-and-face washing sessions, and both lasted about 5 min for each child.

Design

A multiple-baseline design (Baer, Wolf, and Risley, 1968) across counsellors was used to evaluate the effects of a simple modelling procedure,

applied only before toothbrushing sessions, on the frequency of contingent praise statements by counsellors during subsequent toothbrushing and hand-and-face washing sessions. The assignment of counsellors to different baselines was random. For one counsellor, baseline sessions continued until all other counsellors had completed all conditions of the study. Two weeks after the final session of the modelling condition, followup sessions were held to observe the extent to which contingent praise was maintained without modelling.

Procedures

Measurement of praise. The counsellors' praise statements were the only dependent variable. A "praise statement" was defined in terms of the form or content of the statement and its temporal relation to child responses during toothbrushing and hand-and-face washing sessions. An observer scored one praise statement whenever a counsellor said, "Good", "Nice", "Good boy", "That's great", "Very nice", "That's a fine job", "My you're doing so well", "That's the right way to brush", or comparable statements of approval or commendation within 5 sec after a child's correct response or while an approximation to a correct response was in progress. If a child's performance of an approximation took say, 20 sec, it would be possible for more than one praise statement to occur and be scored as contingent on the performance of that component. (A correct response was defined as the child's completion of any of the component toothbrushing or hand-and-face washing responses in the order in which they are listed in Table 1. An approximation to a correct response was defined as the child's partial completion of any component.)

Praise statements separated by pauses of 2 sec or longer were scored as single praise statements. For example, "Good, good, that's great", would be scored as one praise statement unless two or more seconds elapsed between the first and second "good", or between the second "good" and "that's great".

Statements such as "That's it", and "O.K." were not scored as praise because the distinguishing characteristic of a praise statement was considered to be the presence of positive adjectives or adverbs, "good", "great", "nice", and so on, that clearly indicate approval. A category of noncontingent praise was included in the first few baseline sessions but was dropped because it never occurred.

Interobserver agreement. A recording sheet contained a list of each of the component responses for toothbrushing and hand-and-face washing. An observer recorded the occurrence of each praise statement opposite the component response that preceded it by no more than 5 sec. Frequent checks on the reliability of the observer's recording were made during each condition of the study for all but one counsellor. (Reliability checks were conducted only during the modelling condition for Counsellor 2.) These checks were made by a second observer who simultaneously and independently recorded praise statements.

Percentage agreement between the two observers was calculated for the total frequency of praise statements and for the occurrence of praise statements that immediately followed a child's performance of any of the component responses in Table 1. The percentage agreement on the total frequency of praise statements during a given session was obtained by dividing the smaller number of praise statements by the larger number scored in that session. The percentage agreement for the occurrence of praise statements was obtained by dividing the total number of agreements by the total number of agreements plus disagreements and multiplying by 100. An occurrence agreement was scored for each praise statement recorded by both observers as following (within 5 sec) the same component responses of toothbrushing or hand-and-face washing as listed in Table 1. Table 2 presents the total number of reliability checks performed, the mean and modal percentages of agreement obtained, and the range of agreement percentages for each condition of the study for

toothbrushing and hand-and-face washing sessions. As the table shows, the percentage agreement between observers was high throughout the study. Sessions in which reliability checks were made are indicated in Figures 1 and 2 by a small square below the abscissa.

Baseline. Praise statements were recorded during multiple baselines of 4, 8, 8, 16, and 36 successive toothbrushing and hand-and-face washing sessions conducted by the five counsellors. No instructions of any kind were given to the counsellors during baseline.²

Modelling praise statements during toothbrushing. Immediately following baseline, and on three subsequent occasions (with the exception of Counsellor 2), the second author modelled praise statements before counsellor-conducted toothbrushing sessions. These occasions on which the experimenter modelled praise were interspersed between one or two counsellor-conducted sessions. On those occasions, the model said to the counsellor: "I am going to conduct this toothbrushing session with Robert (for example). Watch me carefully." Then, he conducted a toothbrushing session in which he modelled one praise statement immediately following (and sometimes during) the child's correct performance (or approximations) of components 1, 2, 3, 4, 7, 8, 9, and 10 of the toothbrushing sequence (see Table 1). Praise was given by the model regardless of whether a child's correct performance of any component was physically assisted or prompted. For Components 5 and 6, brushing and rebrushing in Table 1, three to six praise statements were modelled. Both of those components required several different responses of the child (e.g., correct brushing motion, changing position of brush in mouth), each of which was praised as an approximation to performance of the entire component. Thus, on several occasions, one praise statement was modelled after each of the following ap-

²By the time baseline sessions began, each counsellor was fully accustomed to the presence of one or more observers in the bathroom area, since observers had been present for several weeks before baseline.

Table 2

Occurrence and total frequency percentages of agreement for toothbrushing and hand-and-face washing sessions.

TOOTHBRUSHING						
	Baseline		Modelling		Followup	
	Occurrence	Total Freq.	Occurrence	Total Freq.	Occurrence	Total Freq.
Number of Checks	13	13	17	17	10	10
Mean Percentage	89	97	91	92	90	95
Modal Percentage	91	100	92	100	100	100
Range	81-100	72-100	64-100	80-100	74-100	78-100
HAND-AND-FACE WASHING						
			Occurrence	Total Freq.		
Number of Checks			40	40		
Mean Percentage			90	95		
Modal Percentage			86	100		
Range			76-100	75-100		

proximations to Components 5 or 6: brushing lower-left teeth, brushing lower-right teeth, brushing upper-left teeth, brushing upper-right teeth, brushing front teeth, and finally, for completing the entire sequence. (The counsellors and the authors agreed that all four children required step-by-step shaping of toothbrushing responses.)

The experimenter never modelled fewer than 14 or more than 20 praise statements. In nearly every case, he used the phrases, "Good boy" or "Good girl", "Very good", "That's good", and "That's right", spoken with slightly exaggerated enthusiasm (pitch and volume) and accompanied by a smile and friendly physical contact such as a pat on the back.

Immediately after the experimenter finished modelling praise with one child, a counsellor conducted first a toothbrushing and then a hand-and-face washing session with each of the two or three remaining children, but not with the same child with whom the experimenter modelled. The experimenter-model remained in the room during these counsellor-conducted sessions. For all but one counsellor (Counsellor 2 in Figures 1 and 2), the experimenter modelled praise statements during toothbrushing sessions once with each of the four children. (Counsellor 2

took a leave of absence after three modelling sessions had been conducted.)

At no time during this condition did the experimenter discuss praise or reinforcement with the counsellors or provide them feedback about their performance during toothbrushing or hand-and-face washing sessions. To ease the somewhat uncomfortable social circumstance created by this lack of information, the experimenter talked with the counsellors in general terms about the progress and difficulties of each child.

Follow-up. Recording of counsellor praise was discontinued for two weeks following the last session of the modelling condition. During that period, the counsellors continued to conduct hygiene training sessions, but no observers were present for those sessions. At the end of two weeks, recording of counsellor praise was resumed under the same conditions as baseline and continued for four toothbrushing and four hand-and-face washing sessions, one of each with each child.

RESULTS

Toothbrushing

The contingent praise of each counsellor during toothbrushing sessions with Betty, Jackie,

Fig. 1. The number of contingent praise statements and the number of component toothbrushing responses praised by each counsellor during baseline, Modelling, and followup conditions. The letters B, J, M, and R, located along each abscissa, indicate which child the counsellor was training in that session. Squares below the abscissa indicate when reliability checks were made. Arrows identify sessions immediately following modeling sessions.

Michael, and Robert is presented in Figure 1. Each graph in the figure shows both the number of response-contingent praise statements and the number of component toothbrushing responses (see Table 1 for components that were praised in each session of baseline, modelling, and followup). The capital letters, B, J, M, and R, beneath each abscissa in Figure 1 indicate

which child the counsellor was training in that session. The vertical arrows point to the counsellor-conducted sessions that were immediately preceded by model-conducted sessions.

Figure 1 shows that contingent praise by all counsellors during baseline remained relatively low and stable, ranging from an average of less than 1.0 praise statement per session to 3.7 per

session. Similarly, the number of component toothbrushing responses they praised ranged from an average of less than 1.0 response praised per session to an average of 2.5 responses praised.

When the experimenter modelled response-contingent praise, each counsellor provided more praise contingent on a greater number of component toothbrushing responses than during baseline. The average number of praise statements given by all counsellors during the modelling condition was 11.8 and ranged from an average of 7.5 to 14.0. The average number of component toothbrushing responses they praised was 5.0 per session, and ranged from an average of 3.7 to 7.0 each session.

In the followup sessions, two weeks after the last session of the modelling condition, both measures of praise remained relatively high for all counsellors except Counsellor 5. The average number of contingent praise statements given by all counsellors during four followup sessions was 10.1 per session, and ranged from an average of 1.2 to 19.5. The average number of component toothbrushing responses praised by the counsellors was 5.7, and ranged from an average of 1.2 to 8.0.

Hand-and-Face Washing

As previously indicated, hand-and-face washing sessions immediately followed toothbrushing sessions and the task (washing hands and face) was composed of the 14 component responses listed in Table 1. No experimental procedures were applied during any of these sessions.

Figure 2 presents the same measures of counsellor praise for hand-and-face washing sessions as Figure 1 presented for the toothbrushing sessions. In Figure 2, the points that correspond to a change in conditions in toothbrushing sessions are not connected.

For each counsellor, Figure 2 shows increases in the levels of praise that correspond in time to the end of baseline and the beginning of the modelling procedure applied during toothbrushing sessions. In hand-and-face washing sessions

that correspond to baseline toothbrushing sessions, the counsellors gave an average of 2.0 response-contingent praise statements (range = 0 to 5.0) for an average of 2.0 of the 14 component hand-and-face washing responses (range = 0 to 5.0).

In all succeeding hand-and-face washing sessions (*i.e.*, those that correspond to modelling and followup toothbrushing sessions) the counsellors gave an average of 9.0 response-contingent praise statements (range = 1.5 to 17.0) for an average of 6.0 of the 14 component hand-and-face washing responses (range = 1.5 to 10.0). Across all counsellors, the average increase (from hand-and-face washing sessions that correspond to baseline toothbrushing sessions) in response-contingent praise statements was 7.0 and the average increase in the number of component hand-and-face washing responses praised was 4.0.

DISCUSSION

The present study examined the effects of a simple modelling procedure on the praise of five mental retardation counsellors while they conducted hygiene training sessions with four severely retarded children. The data shown in Figure 1 indicate that as a result of several exposures to a model who demonstrated a high level of response-contingent praise in toothbrushing sessions, there occurred a pronounced and durable increase over baseline in the level of contingent praise provided by each counsellor (except Counsellor 5) in subsequent toothbrushing sessions. Furthermore, the results for each counsellor shown in Figure 2 indicate that the effects of observing the model in toothbrushing sessions generalized to the "no treatment" hand-and-face washing sessions. Marked increases in the level of contingent praise provided by counsellors during hand-and-face washing sessions occurred at the same time that modelling was introduced during toothbrushing sessions. These results were obtained through modelling with-

SUCCESSIVE HAND AND FACE WASHING SESSIONS

Fig. 2. The number of contingent praise statements and the number of component hand-and-face washing responses praised by each counsellor. The letters B, J, M, and R, located along each abscissa, indicate which child the counsellor was training in that session. Squares below the abscissa indicate when reliability checks were made.

out verbal instructions, feedback, or reinforcement regarding contingent praise.

The familiarity and high "likeability" of the model, the simplicity and conspicuousness of the responses he modelled, the immediate opportunity for counsellors to perform those responses after watching them, and the presence of the model and observers while they were performing them are all features of the training environment that may have contributed greatly to the effectiveness of modelling for increasing contingent praise. The continued presence of

the model during counsellor-conducted sessions may have functioned as a prompt or cue for counsellor praise. Observations of counsellor praise when the model was not present would have provided a clearer evaluation of the effects of modelling.

Although this study endeavored to evaluate the effects of modelling without verbal instructions, feedback, or reinforcement, it should be noted that research reviewed by Bandura (1971) indicated that the effects of modelling may be enhanced when (a) modelling occurs frequently,

(b) modelling is accompanied by narration or instruction that labels relevant features of the model's performance, (c) the learner has frequent opportunities to practise the modelled behavior, and (d) when frequent feedback and reinforcement is provided for the learner's performance.

Counsellors 1, 2, 3, and 4 consistently praised Betty's performance more frequently than that of the other children. The reasons for this "favoritism" are unclear. It may have been that they favored Betty because she was the "cute little girl" or because her performance was generally poorer than the boys' and therefore required shaping in smaller approximations. It is also possible that counsellor praise was likely to be more frequent immediately after the model's performance, when Betty was most often selected for training, than at other times.

It is unclear why the modelling had such a weak effect on the praise of Counsellor 5 compared with the other counsellors. It may have been that the training sessions became aversive to her, perhaps as a consequence of her prolonged baseline period during which she was attempting to teach a difficult task to retarded children with little assistance. Whatever the reasons, it became apparent to everyone present that she did not enjoy working with the children. Several weeks after the study was completed, she requested a transfer to another area of the institution.

Similarities between toothbrushing and hand-and-face washing sessions and their closeness in time may have increased the likelihood that the effects of modelling would generalize. Hand-and-face washing was taught as a series or chain of component responses in the same manner as toothbrushing, and hand-and-face washing sessions occurred immediately after toothbrushing sessions. It was also casually noted that after baseline, each counsellor provided more contingent praise while teaching other hygiene behavior (grooming, dressing, and bathing) than they had during baseline. The training of these tasks also followed a format similar to toothbrushing

and was conducted in the same setting, although not always each day at the same time. It was also noted that the counsellors seemed to provide more smiles, physical guidance, and "friendly physical contact" than they had during baseline. These behaviors were exhibited by the model along with verbal praise. Thus, one effect of the experimenter's modelling seems to have been to establish a "contingent praise repertoire" that the counsellors generalized to all hygiene sessions which, in their basic format, closely resembled toothbrushing. No systematic measure of counsellor praise in other settings (*e.g.*, dinner time, play periods, or nap time) was taken to evaluate the extent of the generality of their praise repertoires.

Whether the counsellors' skill in contingently praising correct hygiene responses improved those responses was not evaluated in this study. However, much experience and a substantial amount of experimental evidence (*e.g.*, Hall, Lund, and Jackson, 1968; Harris, Wolf, and Baer, 1964; Madsen, Becker, and Thomas, 1968) suggest that learning to praise desired responses (and approximations) should be useful to the counsellors in their roles as teachers of retarded children, as well as in their day-to-day interactions with others.

Modelling by itself may not be sufficient to achieve the desired performance in every situation. In teaching and learning new skills, verbal instructions may complement modelling by increasing the likelihood that trainees will attend to relevant, rather than irrelevant, features of a model's performance. Factual and corrective feedback may also complement modelling by increasing the similarity between trainee responses and the model's performance. In short, the most effective program for teaching people to apply desired social contingencies and to use relatively unfamiliar techniques systematically may be the one that arranges verbal instructions, modelling, and feedback techniques in such a way as to exploit their complementary functions. Anyone interested in how to accomplish this might pick up some useful hints by watching

teachers of skiing, cooking, welding, or operating a punch press.

REFERENCES

- Baer, D. M., Wolf, M. M., and Risley, T. R. Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis*, 1968, 1, 91-97.
- Bandura, A. Psychotherapy based upon modeling principles. In E. Bergin and S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change*. New York: John Wiley, 1971. Pp. 653-708.
- Cooper, M. L., Thomson, C. L., and Baer, D. M. The experimental modification of teacher attending behavior. *Journal of Applied Behavior Analysis*, 1970, 3, 153-157.
- Cossairt, A., Hall, R. V., and Hopkins, B. L. The effects of experimenter's instructions, feedback, and praise on teacher praise and student attending behavior. *Journal of Applied Behavior Analysis*, 1973, 6, 89-100.
- Finney, B. C. Some techniques and procedures for teaching psychotherapy. *Psychotherapy: Theory, Research, and Practice*, 1968, 5, 115-119.
- Gladstone, B. W. and Sherman, J. A. Developing generalized behavior-modification skills in high-school students working with retarded children. *Journal of Applied Behavior Analysis*, 1975, 8, 169-180.
- Hall, R. V., Lund, D., and Jackson, D. Effects of teacher attention on study behavior. *Journal of Applied Behavior Analysis*, 1968, 1, 1-22.
- Harris, R. F., Wolf, M. M., and Baer, D. M. Effects of adult social reinforcement on child behaviour. *Young Children*, 1964, 20, 8-17.
- Herbert, E. W. and Baer, D. M. Training parents as behavior modifiers: self-recording of contingent attention. *Journal of Applied Behavior Analysis*, 1972, 5, 139-149.
- Horner, D. R. and Keilitz, I. Training mentally retarded adolescents to brush their teeth. *Journal of Applied Behavior Analysis*, 1975, 8, 301-309.
- Katz, R. C., Johnson, C. A., and Gelfand, S. Modifying the dispensing of reinforcers: some implications for behavior modification with hospitalized patients. *Behavior Therapy*, 1972, 3, 579-588.
- Madsen, C. H., Becker, W. C., and Thomas, D. R. Rules, praise, and ignoring: elements of elementary classroom control. *Journal of Applied Behavior Analysis*, 1968, 1, 139-150.
- Panyan, M., Boozer, H., and Morris, N. Feedback to attendants as a reinforcer for applying operant techniques. *Journal of Applied Behavior Analysis*, 1970, 3, 1-4.
- Parsonson, B. S., Baer, A. M., and Baer, D. M. The application of generalized correct social contingencies: an evaluation of a training program. *Journal of Applied Behavior Analysis*, 1974, 7, 427-437.
- Quilitch, H. R. A comparison of three staff-management procedures. *Journal of Applied Behavior Analysis*, 1975, 8, 59-66.
- Ringer, V. M. J. The use of a "token helper" in the management of classroom behavior problems and in teaching training. *Journal of Applied Behavior Analysis*, 1973, 6, 671-677.
- Skinner, B. F. *The technology of teaching*. New York: Appleton-Century-Crofts, 1968.
- Strupp, H. H. and Jenkins, J. J. The development of six sound motion pictures simulating psychotherapeutic situations. *Journal of Nervous and Mental Disease*, 1963, 136, 317-328.
- Wetzel, R. J. Behavior modification techniques and the training of teachers' aides. *Psychology In The Schools*, 1970, 7, 325-330.

Received 17 September 1975.

(Final acceptance 22 April 1976.)