EDITORS' NOTE: *The Forum section of the* Journal of Positive Behavior Interventions *is presented to encourage communication among readers and provide for an exchange of opinions, perspectives, ideas, and informative personal accounts. We welcome brief articles from family members, professionals, friends, advocates, administrators, researchers, and other individuals who are concerned with behavioral support issues. The purpose of the Forum is to facilitate a constructive dialogue among our many stakeholders regarding important issues in practice, research, training, program development, and policy. Submissions to the Forum undergo an expedited review and may be submitted to either editor.*

Quality Indicators of Professionals Who Work with Children with Problem Behavior

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Abstract: We present the perspectives that emerged from our qualitative data. Sixteen focus groups were conducted with 69 families of children with disabilities. From a larger study addressing partnerships between families and professionals, the data analyzed in this article focus on quality indicators of professionals in their work with children who experience challenging behavior. Findings from the qualitative analysis are organized into three themes: (a) respect for children, (b) skills to meet special needs, and (c) commitment.

Although there is a strong emphasis on providing in-service and preservice training related to positive behavioral support (PBS), there is not a lot of information on what families want from professionals who work with their children with problem behavior (Carr, Langdon, & Yarbrough, 1999; Horner, Diemer, & Brazeau, 1992; Walker, Colvin, & Ramsey, 1995). Recently, we conducted a qualitative study focusing on family quality of life and family–professional partnerships. We had an opportunity to listen to the perspectives of 69 family members who have children with disabilities who were involved in 16 focus groups. These focus groups were conducted in three sites: Kansas City, KS; Granville County, NC; and New Orleans, LA. Table 1 includes a description of the demographic characteristics of the 69 family members.

As we coded the focus group transcripts in light of our primary research questions, we were amazed at how frequently these parents talked about the particular challenges they experienced related to their child's problem behavior. Within the larger issues of family quality of life and family–professional partnerships, families shared many perspectives on characteristics of quality professionals. After we finished the coding for our primary research questions, we recoded the transcripts to ascertain which characteristics parents thought were most important for professionals who work with their children who experience problem behavior. These parents characterized three domains of quality indicators for the professionals who work with their children and family: (a) respect for children, (b) skills to meet children's special needs, and (c) commitment (see Figure 1).

Respect for Children

Many families shared their experiences of working with respectful or disrespectful professionals. The families said that professionals' attitude toward their children was the starting point of their partnerships with the professionals. Families said that they came to trust the professionals when the professionals showed genuine respect for children. According to the families, professionals who respected children with problem behavior showed these indicators: (a) treating children with dignity and (b) being positive toward children.

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TREATING CHILDREN WITH DIGNITY

Because these children had problem behavior, making them potentially dangerous to themselves or others (including peers or the professionals who work with the children), families worried that professionals might focus only on their children's behaviors and not recognize and value their humanity. Several families talked about the use of physical restraints, which they thought was excessive and inappropriate, as well as degrading to their children. Also, families wanted professionals to demonstrate their respect for the children in their use of language. One mother provided an example of how a teacher's language can affect the way others look at a child:

> Because you go over there—you say your kid is a BH [Behavior Handicapped] kid, a child doesn't know what a BH kid is, but a teacher does and when [they] constantly talk about it, kids get the idea that that's a BH kid.

Another area in which dignity mattered was vocational training. A couple of families revealed their dissatisfaction with the vocational training program for their children. One grandmother said that she did not like her grandson cleaning toilets: "It is not something that any normal person would want to [do]." The families did not object to the idea of teaching practical life skills to their children, but they wanted professionals to respect their children's dignity. As one mother said, "Well, they can learn how to sweep the floor in their own classroom and not be teased in front of all of the rest of the children."

BEING POSITIVE TOWARD CHILDREN

In spite of the problem behavior that their children exhibited, families wanted professionals to look at the positive side of their children. Many families expressed frustration when professionals focused only on what the child cannot do without considering the child's strengths and preferences. One mother said,

> The children have things in their folder that you never know [professionals] would say . . . about a child. It made me very, very upset. Some things that they were saying about Chris [were] about how bad he is, he won't sit down, he doesn't listen, you know, things like this. But why would they do this if they know this child had special needs?

On the other hand, professionals who had positive attitudes toward children were described as (a) identifying and valuing unique things about the child, (b) believing in the child's capability to learn, and (c) having a vision for the child's future accomplishments.

Table 1. Family Demographic Characteristics

Variable	Frequency	Percentage
Gender		
Female	49	71.0
Male	20	29.0
Race		
White	25	36.2
Black	37	53.6
Hispanic	5	7.2
Asian	2	2.9
Participant relationship to child		
Mother	47	68.1
Father	20	29.0
Grandmother	2	2.9
Marital status		
Single	9	13.0
Married	45	65.2
Separated	2	2.9
Divorced	9	13.0
Widowed	2	2.9
Other (e.g., partnered/missing)	2	2.9
Highest level of education		
Some high school or less	5	7.2
High school diploma	13	18.8
Business or trade school	29	42.0
College degree	5	7.2
Some graduate school	8	11.6
Graduate degree	9	13.0
Employment status		
Full time	35	50.7
Part time	10	14.5
Home	15	21.7
Unemployed	3	4.3
Retired	3	4.3
Student	2	2.9
Other	1	1.5
Age range		
Under 20	1	1.5
20–29	6	8.7
30–39	24	34.8
40–49	25	36.2
50–59	11	15.9
60–69	1	1.5
70 and over	1	1.5

Note. N = 69

Skills to Meet Children's Special Needs

Families unanimously expressed their aspiration for skilled, experienced, and effective professionals who can successfully support their children's appropriate behaviors and thus enhance the children's learning and development. Many families regretted that they had not encountered more skilled professionals. Family members identified three indicators that they would like to see in professionals when they work with their children with disabilities: (a) skills to support positive behaviors, (b) skills to facilitate inclusion, and (c) willingness to learn continuously.

SKILLS TO SUPPORT POSITIVE BEHAVIORS

The families believed that there were not enough qualified professionals who could effectively work with their chil-

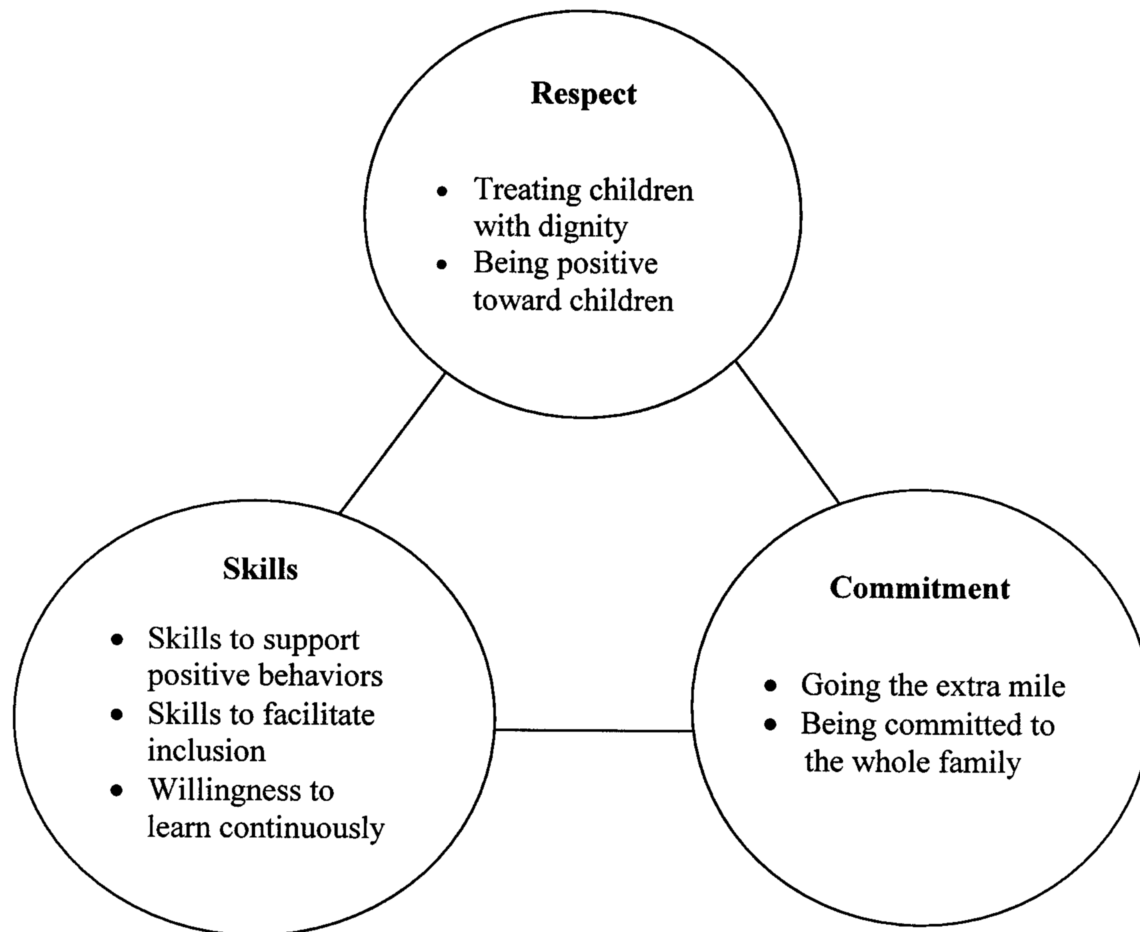

Figure 1. Organization of themes.

dren. They wanted professionals who were experienced and trained in PBS to work with their children. However, many families described ineffective interventions for their children that were provided by unqualified professionals. Many families described their frustration in working with unqualified professionals who passed their responsibilities on to families instead of trying to meet the children's special needs.

> I sent him with pull-ups. They [sent] him back with diapers. And [then they] ask me why I don't have him potty training. They say . . . they don't want to spend their time in the bathroom for him. And it's very hard for me. And they say, "Why [does] he spit?" I don't know! He's autistic. I wish I knew. I don't know why he spits. So, deal with that. Help me.

> She's 8 years old and has behavior problems and does a lot of crying. And the teacher got on her cellular phone in the classroom and called me, "Jen, Artie is acting up. She doesn't want to go and sit in her room to read. Would you tell her to go sit with her group?" I [have] never heard of [anything] like that before in my life!

> This child is so hyper, he doesn't sit, he's on medication, you know, he screams, he's loud. . . . He cannot shut up, doesn't listen, and I don't have help at all. I go to school, I sit and they tell me, "Look, he doesn't sit, so make him sit. Try." "You supposed to be autistic teacher." This one [my child] is too much for them.

Families especially expressed their concern and frustration about paraprofessionals who were not trained appropriately to support positive behavior. For example, one mother described an incident when someone from the school called her to see if she could pick her daughter up because the aide was "nervous" about working with her daughter. She was very upset with both the school and the aide and said, "If a person is not qualified to deal with the behavior or to be prepared every day with lessons, then they don't need to be there." Because these paraprofessionals are the ones who work with the children on a one-on-one basis and children spend more time with the paraprofessionals than with anybody else, families' distress was significantly related to paraprofessionals' lack of qualifications.

Families mentioned that when professionals were well prepared and equipped with PBS skills, their children's problem behavior was effectively prevented or addressed. The families provided very few positive examples regarding this theme, but one mother mentioned a simple technique that her son's teacher used to redirect the child's behavior:

> And they know how John gets when you tell him "no." John will start beating himself real bad so they trying to find ya know a helmet type to put on his head but ya know she directed him to put his hands in his pocket when he's beating himself. I would've never thought, "Put your hands in your pocket."

SKILLS TO FACILITATE INCLUSION

Another characteristic of capable professionals cited by families was having the skills to facilitate the inclusion of children with problem behavior in typical settings. Because children with problem behavior are likely to be placed in a more restrictive setting than children with other special needs (Horner, Albin, Sprague, & Todd, 2000), families valued the professionals' efforts to support their children so that they can learn in typical settings with their typically developing peers. The characteristics of such professionals included (a) facilitating the interaction between children with and without disabilities, (b) adapting activities and tasks in order to provide opportunities for success to the children with challenging behavior, and (c) advocating for the children's inclusion when general education teachers and/or administrators argued for segregation.

WILLINGNESS TO LEARN CONTINUOUSLY

Another characteristic that families added to the list of quality indicators was professionals' willingness to continually search for new knowledge and resources and to update their skills. Though professionals could not have all the answers to the needs of the children and the families, families said that quality professionals would keep trying to learn new things, both for their own development and in order to respond to the needs of the child and family. When talking about this theme, families referred to both educational and medical professionals. Families stated that medical professionals should learn about available resources for children with disabilities and families and should pass the information to parents. They also talked about their experiences of having to find out about services by themselves after their children were diagnosed because medical professionals, whom they saw as the first professional for their child, had no knowledge about resources. As far as educational professionals are concerned, families said that they should attend workshops to learn best practices and also should be willing to learn from families because they know the children the best and can provide meaningful clues for effective intervention.

Commitment

Families remembered and appreciated committed professionals for a long time. Family members identified two indicators of committed professionals: (a) going the extra mile and (b) being committed to the whole family.

GOING THE EXTRA MILE

Professionals' willingness to do more for children than what they were required to do was mentioned as a quality indicator. Families truly appreciated the time and effort that professionals dedicated to addressing the needs of their children. These professionals voluntarily sacrificed their personal time to improve children's development:

> He was in kindergarten or first grade in another class, and he didn't even know his ABCs or anything. So, she took him in her class. . . . She used to be a scientist studying cancer research, and she gave it up to teach. And she came to my house on her days off and during the summer, and in 1 year he was reading!

> My teachers were wonderful. I had the aide and the teacher who would give up their breaks and give up their lunch so they could do social situations during that time. But that was out of the goodness of their hearts; that was because they were wonderful people.

Many families said that they were very happy to see their children come to love the professionals and be able to progress because of their time and effort. One mother with a 14-year-old boy with autism described this as follows:

> She'd come over to the house and she'd get my son to do what he's supposed to do and help me out. And he loves it. And he'll even tell me he's gonna do away with me and she's gonna be the mama.

Family members were disappointed by the professionals who limited their services to restricted views of time and responsibility. Families described such professionals as those who would say, "Well, it's 2:30, so we don't think about kids anymore" or "Well, I'm getting paid regardless of whether you [the child] do your work or not." Several families stressed that education is different from babysitting and, thus, professionals should educate and prepare children for life in addition to watching the children to see if their behaviors harm themselves or others.

BEING COMMITTED TO THE WHOLE FAMILY

Families described many incidents in which professionals naturally established and maintained relationships with the families because they believed that they should know the environments in which the children lived in order to help support them successfully. While the professionals were learning about the children's home life, they became acquainted with other family members, came to know the needs of the whole family, and tried to respond to the needs as much as they could. Families regarded this approach as very effective in improving their children's behavior because the family–professional partnerships would provide consistency across environments in supporting positive behaviors. One mother described such a professional:

> She's more than just a teacher. And she told me when she first met me that she has to get to know the family because she doesn't just teach just that child—she teaches the whole child, [and so] she has to know about his home life.

Your Reactions?

We solicit your comments on these family perspectives. Our e-mail addresses are jiyeon@ku.edu and turnbull@ku.edu. If you have a family member with a disability and problem behavior, we hope that you will express your views in terms of pointing out similarities, differences, or any other comments that you would like to make. If you are a professional or a student who does not have a family member with a disability and problem behavior, we also welcome your comments about these family perspectives. Please let us hear from you. We will organize responses, prepare them to appear in a forum article in the next issue, and hopefully have a dialogue that will stimulate thought for everyone.

The ball is in your court to respond.

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