

"Gentle Teaching:" new study raises doubts

"Gentle teaching" may be gentle, but a research review by Scottish researcher Oliver Mudford suggests that it is also ineffective—and that studies claiming otherwise are seriously flawed.

Gentle Teaching, which gained popularity in the 1980s, is a completely non-aversive approach that emphasizes bonding between student and teacher and the creation of an atmosphere of "mutual interdependence" and "solidarity." It emphasizes techniques such as "value giving" (teacher behaviors that "appear to express sincere friendship, warmth, acceptance, and the desire to share"), and "reciprocity eliciting" (in which caregivers "create opportunities for the person to reciprocate valuing toward the caregiver so that the relationship might become mutual"). John McGee, the creator of Gentle Teaching, has reported vir-

tually universal success using the approach with hundreds of disabled individuals, and has commented that "behavior problems will evaporate like the morning dew if we express unconditional valuing." But Mudford, who analyzed both independent studies and those done by McGee and colleagues, found little evidence that this was the case.

Mudford analyzed several studies in which McGee and co-workers reported successfully controlling the behaviors of severely aggressive or self-injurious individuals using only Gentle Teaching methods. The studies claimed, Mudford says, that "Gentle Teaching has never failed to produce clinically significant reduction of severe problem behaviors, including self-injury and aggression." In addition, he says, "the latest published studies suggest that this result can

now be achieved within a few days of morning and afternoon 2-hour sessions."

Mudford argues, however, that analysis of the data in the studies reveals numerous internal contradictions, unlikely statistics, and some data that are "simply impossible." "Either data have been selectively excluded," he says, "or misreporting has occurred." He

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concludes that "detailed inspection of more recent data from Gentle Teaching advocates tends to increase suspicion about the accuracy of Gentle Teaching proponents' reporting of procedures and effects."

Mudford notes that several independent studies of Gentle Teaching, involving a total of nine disabled individuals, reported improvement in two subjects, increases in self-injury in two others, and no clinically significant change in five subjects. In the seven unsuccessful cases (the two who worsened and the five with no change), Mudford notes, techniques such as mild aversives and differential reinforcement were effective and markedly superior to Gentle Teaching.

While McGee has claimed that all of these studies failed to use his techniques, Mudford quotes one of the researchers, J. Jordan, as saying that "indeed, the lack of operational definitions of the teaching procedures and the subjective nature of component selection inherent in Gentle Teaching mean that any independent investigation can be criticized as deviating from the ideals advocated by its proponents."

Mudford concludes that independent efforts to replicate McGee's findings have "failed more often than not." He voices concern that the use of Gentle Teaching techniques may lead to increases in dangerous behaviors; demoralize families when the "extravagant promises" of the technique's proponents are not fulfilled; and endanger staff members. (He cites one report noting that a Gentle Teaching therapist's "hands and arms are a terrible mess—scars and wounds from scratching and gouging.") In addition, he says, staff members may become frustrated if acceptable techniques fail, and resort to more desperate means; for instance, McGee himself was shown on Canadian TV poking a client near the eye when the man pulled McGee's hair.

Editor's note: I've seen that tape. It sure looks like a deliberate finger-poke near (or in) the eye.

"Review of the Gentle Teaching data," Oliver Mudford; *Am. Journal on Mental Retardation*, Vol. 99, No. 4, 1995, pp. 345-355. Address: Oliver C. Mudford, White Top Research Unit, Department of Social Work, University of Dundee, Dundee DD1 4HN, Scotland.

For more information.....

Autism has been appearing with increasing frequency in the news media—and each time we get a flood of letters and phone calls requesting information. Here are some resources frequently asked for:

Vaccinations :

National Vaccination Information Center
(Dissatisfied Parents Together: DPT)
512 West Maple Ave., #206
Vienna, VA 22180
(703) 938-0342; FAX 703-938-5768

A valuable source of referrals to knowledgeable physicians and attorneys. Newsletter: *The Vaccine Reaction*.

New Atlantean Press
P.O. Box 9638, Santa Fe, NM 87504
505-983-1856

A source of many books, tapes and papers on vaccinations and other subjects. Books include *DPT: A Shot in the Dark*; *The Dangers of Immunization*; *The Poisoned Needle*; *What About Immunizations?* and many others. Free catalog on request.

Landau-Kleffner Syndrome (Featured on ABC TV Day One show):

ARI Information Package No. P-16 contains 15 pages of articles on seizures and autism (including 5 pages on Landau-Kleffner syndrome). Ask for Info Pack P-16, \$2.00 plus \$1.00 shipping and handling.

A substantial package of current information about Landau-Kleffner syndrome and its treatment is available by sending \$5.00 to:

C.A.N.D.L.E.
4414 McCampbell Drive
Montgomery, AL 36106.

Piracetam:

Piracetam is a brain-food ("smart") drug which has been available for several decades in Europe without a prescription, but not available at all in the U.S., thanks to the FDA. When the mother of a Down's

syndrome child described on the *Connie Chung* show the extraordinary changes she had seen in her child, and in other retarded children, when Piracetam and other nutrients were given, ARI received a flood of requests for information. While piracetam cannot legally be purchased in the U.S., a very similar product, arginine pyroglutamate (PG), is available. One source is Nutriguard, 1-800-433-2402, at \$24.95 per 120 600-mg capsules.

I don't know if piracetam, or PG, has been tried on autistic persons. If you try it, please write ARRI with your evaluations!

Early Intensive Behavioral Intervention

1. Videotape: *Behavioral Treatment of Autistic Children*, a 1988 43-minute videotape by Ivar Lovaas, which has been available for institutional purchase at \$395, can now be purchased for use by individual families—not group showings—at \$29.95. For information phone 1-800-843-0305.

2. Legal documentation: parents throughout the U.S. are challenging their school systems to obtain paid early intervention services. Sources of legal information:

a. For school funding information packet, send \$8.00 to: Autism Project, Attn: School Funding Packet, 308 Westwood Plaza, #136, Los Angeles, CA 90024.

b. For packet containing all known U.S. legal cases for home EBI funding by local school districts, send check or money order for \$18.00 to Mary Jane White, Attorney, 405 West Main Street, Waukon, IA 52172.

Sensory Integration Therapy

Judith Reisman and Lorna Jean King, specialists in sensory integration therapy, have created a 30-minute videotape on *Making Contact: Sensory Integration and Autism*. The video, which comes with a viewer's manual, sells for \$85.00 plus \$5 postage/handling. The video is distributed by Div. of Media/Learning Systems, Continuing Education Programs of America, P.O. Box 52, Peoria, IL 61650, 309-263-0310.