Supporting Students in the Classroom: Training Paraprofessionals to Teach Self-Advocacy and Self-Determination Skills

KEYWORDS
students with disabilities, paraprofessional training, self-determination skills, education, United States

ABSTRACT
Students with disabilities lack the skills to become independent advocates. This article details a training program that was implemented for paraprofessionals who support students with disabilities in public school classrooms in the United States. Results indicated that advanced training of paraprofessionals improved student support which led to greater independence for the students with disabilities.

Introduction

Individuals with disabilities lacking self-advocacy and self-determination skills additionally lack independence. As a key member of student learning and skill acquisition, paraprofessionals do not receive the proper training to increase self-advocacy and self-determination skills in students. Training paraprofessionals to use a variety of prompts and prompting hierarchies with students with disabilities can lead to greater student independence. During this study’s training session, paraprofessionals learned how to use various prompts, how to implement fading through prompt hierarchies, and to collect data. The results show that paraprofessionals used a wider variety of prompts with students after the training took place. Paraprofessionals additionally decreased the amount of prompting that they used with students after the intervention. Paraprofessionals benefit from further and more advanced training in order to facilitate student independence while increasing student self-advocacy and self-determination skills.


**Literature Review**

**Background of the Problem**

Self-advocacy and self-determination skills are extremely important for individuals with disabilities to develop in order to gain independence for themselves. Self-advocacy instruction is found to be so important that IDEA and ADA include it in their laws so that individuals with disabilities receive it while in school (Fiedler & Danneker, 2007). IDEA emphasizes the importance of teaching and training students with disabilities who need assistive technology devices to communicate as well as transition services that require student participation and student interests and preferences to be taken into account when they are discussed (IDEA, 2015). An individual being able to communicate for themselves and knowing how to make choices and communicate their interests and opinions are all part of self-advocacy. In the Americans with Disabilities Act (ADA), guidelines have been created for businesses and employers to follow so they do not discriminate against individuals with disabilities (2008). It is also required that employers and businesses provide accommodations for their employees with disabilities (2008). Since ADA is widespread and well-known, this creates an opportunity for people with disabilities to know their rights and to advocate for themselves if they are not treated correctly by an employer or business (2008).

Many of the skills that an individual with disabilities have are learned during their years at school. The classroom is an essential place for students to learn functional skills that will help them be more independent later in life. Paraprofessionals are hired to aid in this learning process but they often do tasks for students instead of letting students complete or attempt to complete the task which impedes students’ acquisition of important self-determination skills (Lane, Carter, & Sisco, 2012). This may be due to the lack of training paraprofessionals have had, especially in the areas of self-advocacy and self-determination. Whatever the reason, the consequences of what happens when students with disabilities do not develop self-advocacy and self-determination skills and become dependent on others are too harmful to allow this phenomenon to continue. Unlike typically developing individuals, those with disabilities do not outgrow this dependence but seem to become more dependent on others as they age.

There has been a plethora of research on self-advocacy and self-determination in the field of special education in the last few decades. It was not until the late twentieth century that self-advocacy really came into light as an important skill for individuals with disabilities to learn (Gilmartin & Slevin, 2010). There has been
research about how self-advocacy skills need to be practiced everyday so students can retain and advance upon the skills they have already been taught. Research has also been done on the importance of self-advocacy for students with disabilities in postsecondary schooling or workplace settings (Black, 2010). Like most skills, students with disabilities should begin learning self-advocacy and self-determination at an early age so they will be better equipped to live more independently later in life (Fiedler & Danneker, 2007; Grenwelge & Zhang, 2013; Lee & Carter, 2012; Sheppard & Unsworth, 2011). The usual modes for teaching self-advocacy skills can include direct instruction (Wood, Kelley, Test, & Fowler, 2010), technology (Black, 2010; Wood et al., 2010), and participating in programs that promote self-advocacy (Fiedler & Danneker, 2007; Lee & Carter, 2012). One method of self-advocacy instruction that has not been researched thoroughly is utilizing paraprofessionals to teach and/or support individuals with disabilities and self-advocacy skills. Given proper training and support, paraprofessionals can be key players in teaching individuals with disabilities self-advocacy as they often spend significant time with the students and are thus in an ideal position to teach and maintain important self-advocacy skills that students will need to be successful in life. Unfortunately, there has not been sufficient research in this area and, therefore, it is an important topic for investigation.

**Purpose of the Study**

The purpose of this study is to increase students’ self-advocacy and self-determination skills via paraprofessional instruction. Specifically, this investigation seeks to examine a paraprofessional training model, consisting of direct instruction and video modelling, as well as the effectiveness of paraprofessional-implemented prompting on student independence.

**Research Questions**

The questions that will guide this research are:

- After being trained on the prompt hierarchy, will paraprofessionals use more of a variety of prompts than they used before the training? When given less prompts and/or more varied types of prompts, will students complete tasks/activities more independently?
- Will training paraprofessionals about the different levels of prompts give them the skill to help students develop independence?
- Will teaching paraprofessionals to collect accurate data be an effective way to decrease the number of prompts they use with students?
Hypothesis

It is hypothesized that after receiving training on accurate data collection, the prompt hierarchy, and different types of prompts, paraprofessionals will be more effective in increasing student independence in the classroom and in the community.

Review of Literature

There is a plethora of research supporting additional training of independence skills for students with disabilities. First, service agencies need to work together to help students, beginning at a young age (Lee & Carter, 2012). Educators and family members of individuals with disabilities also need to work together to provide individuals with opportunities to use self-advocacy skills, to instruct individuals on self-advocacy skills, to give individuals real-world opportunities to use their skills, and to help them develop leadership skills (Grenwelge and Zhang, 2012). Second, more training and professional development opportunities need to be offered to paraprofessionals and other individuals who work with students with disabilities (Lane & Carter, 2012). Third, more classrooms should utilize explicit instruction as it can be beneficial for teaching students self-advocacy skills (Wood et al., 2010). Fourth, effective transition planning for students needs to include teaching them the “knowledge of the strengths and weaknesses associated with one’s disability; knowledge of post-secondary support services; knowledge about disability legislation, including ADA and Section 504; and self-advocacy skills” (Rothman et al., 2008, p. 79). Fifth, more self-advocacy groups should be established and attended by individuals with disabilities (Gilmartin and Slevin, 2009). Research indicates that individuals with disabilities learn self-determination and self-advocacy skills best through repeated practice and real-life opportunities to use these skills, especially in recreational settings (McGuire & McDonnell, 2008). Sixth, self-advocacy skills can and should be taught to individuals with disabilities during their entire lives and not just for when they are nearing adulthood (Lane & Carter, 2012).

There are several common limited findings that are found across the span of research articles. One major limitation is that there is not enough time for teachers to implement interventions that can be used to teach self-determination and self-advocacy skills (Fiedler & Danneker, 2007; Wood et al., 2010). Another limitation is the small amount of time that is spent on implementing interventions (Fiedler & Dannker; McGuire & McDonnell, 2008). A third limitation is the small number of participants and their homogeneity (Grenwelge & Zhang, 2012; McGuire &
McDonnell; Sheppard & Unsworth, 2010). Another limitation is the self-reporting nature that was used to collect the data (Lane et al., 2012; Rothman et al., 2008). An additional limitation is the inability for the intervention and skills learned during the studies to be generalized to other settings (Grenwelge & Zhang, 2013; Sheppard & Unsworth, 2012).

The articles researched for this literature review discussed the importance of the development of self-advocacy and self-determination skills in individuals with disabilities. Using these articles as models, there are many interventions and strategies available to teach individuals with disabilities these important skills. Self-advocacy and self-determination skills need to be taught to individuals with disabilities starting from a young age and continuing throughout their whole lives. The earlier students start learning these skills, then the better equipped they will be to develop and become proficient in advocating for themselves. Despite the various methods that can be used to instruct individuals on self-advocacy skills, there is one important method that has been passed up in most research. This method is to utilize paraprofessionals to teach and support students in learning self-advocacy skills. This method is important to implement due to the amount of time paraprofessionals spend with students and the influence they have on their learning. Paraprofessionals can be key to providing students with these much needed skills and they can also monitor students’ progress to make sure these skills are being used correctly. This is one more aspect of self-advocacy instruction that needs to be further researched in order to help individuals with disabilities gain and utilize self-advocacy skills.

Method

Participants and Setting

Participant Demographics

Participants of this study were paraprofessionals and students from one classroom. There were 14 participants in this study - five paraprofessionals and nine students. The paraprofessionals currently work with adults with disabilities aged 18 – 22 years in an adult transition program located in Southern California.

Tables 1 and 2 detail the full description of paraprofessional and student demographics.
Table 1. Paraprofessional Participant Demographics

| Participant | Time as paraprofessional | Age | Education | Gender | Ethnicity |
|-------------|--------------------------|-----|-----------|--------|-----------|
| 1           | 13 years                 | 42  | H.S. Diploma | Female | Caucasian |
| 2           | 10 years                 | 50  | Foreign degree in Engineering | Female | Hispanic |
| 3           | 2 months                 | 38  | Working on Bachelor's (planning on becoming teacher) | Female | Indian |
| 4           | 2 years                  | 22  | H.S. Diploma | Female | Hispanic |
| 5           | 2 – 3 years              | 40  |           | Female | Hispanic |

Table 2. Student Participant Demographics

| Participant | Age | Gender | Ethnicity | Disability |
|-------------|-----|--------|-----------|------------|
| 6           | 19  | Female | Asian     | Intellectual Disability (ID) Intellectual Disability (ID) Other Health Impairment (OHI) |
| 7           | 19  | Male   | Caucasian | Intellectual Disability (ID) Autism |
| 8           | 22  | Female | African-American | Intellectual Disability (ID) |
| 9           | 19  | Female | Asian     | Intellectual Disability (ID) Autism |
| 10          | 19  | Male   | Asian     | Intellectual Disability (ID) Autism |
| 11          | 19  | Male   | Caucasian | Autism |
| 12          | 19  | Male   | Caucasian | Autism |
| 13          | 19  | Male   | Asian     | |
| 14          | 20  | Male   |           | |

**Setting**

The pre-intervention data collection took place in the community (e.g., grocery store, work site, outing) and in the classroom where paraprofessionals were working with students either in 1:1 or 2:1 ratios. The intervention portion of this study took place in the classroom with the paraprofessionals in a small group setting. The post-intervention data were collected in the same settings as the pre-intervention data.
Design

The research design employed was a single-subject ABA research design. Single-subject research design involves one participant or group that is studied (Foster, Watson, Meeks, & Young, 2002). In an ABA research design, the first ‘A’ represents the baseline data that are collected before any intervention is conducted, the ‘B’ represents the intervention or the treatment that is utilized, and the second ‘A’ represents post-intervention data that are collected in the same manner as the baseline data (Zhan & Ottenbacher, 2001). The data are collected in this way so they can be compared and analyzed to see if there is any sort of relationship between the target behavior and intervention (Zhan & Ottenbacher, 2001).

The target behaviors for this study are the types and number of prompts and prompting hierarchies that paraprofessionals used with students. A Likert-scale questionnaire was given to paraprofessionals at the beginning of this study to collect general information on their prior experiences as well as specific trainings. This questionnaire also probed how the paraprofessionals felt about taking data and how to systematically teach students using various prompts and prompt hierarchies. This questionnaire was given to paraprofessionals at the beginning of the study before any other data were collected.

Baseline data collection was done through observations of the paraprofessionals working with students in natural settings. Students and paraprofessionals were observed in the classroom and in the community during routine activities. Data were collected before the intervention took place to see what types and how many prompts paraprofessionals used with the students in 10-minute increments. The teacher-researcher observed each paraprofessional once a week over a 3-week period. The observation periods ranged from 30 minutes to an hour and a half in which the paraprofessional was observed working with students.

Data were collected on each paraprofessional participant several times throughout this study. The first time data were collected is before the intervention was given and before any observations took place. This data consisted of the pre-intervention questionnaire that contained questions about the participant’s background and a Likert rating scale with statements about prompting and working with students with disabilities. The next session of data collection occurred before the intervention was given and were based on observations. These observations took place in ten-minute increments while the participants worked hands-on with (a) student(s). These sessions took place in a variety of settings and at different times throughout the day. Most often, these sessions took place in the morning between 10:00am and 12:00pm. The next type of data are made up of the post-intervention
questionnaires that were given to participants at the end of the intervention training session. Using the same questionnaire before and after the intervention allows data to be reviewed and a determination of whether the participants’ opinions and knowledge changed after going through the training session. The last form of data are collected in the same manner as the pre-intervention observational data. By doing this, data collected of the way paraprofessionals work with students can be compared and this comparison will determine whether the intervention decreased the number of prompts and increased the variety of prompts that are used.

The qualitative data that includes the observational notes and tallies were organized by type of prompts, activities, and environments. These data are broken up into verbal prompts, gestural prompts, physical prompts, modelling, and visual prompts. These data are then counted and it is determined which type of prompt has been used the most throughout the study. After this is completed, the data is analyzed to see how the data changed after the intervention took place. Patterns in the data are studied to see if they are consistent amongst paraprofessionals, activities, and settings. These data are also analyzed visually through a graph in which the patterns and changes can be easily seen.

Quantitative data was also analyzed visually through a chart, which was created based on the answers in the questionnaire filled out by paraprofessionals before and after the intervention. By doing this, it is easier to see if the intervention affected the knowledge paraprofessionals have about self-advocacy and self-determination. The intervention has been predicted to increase paraprofessionals’ knowledge on how to decrease prompting and this, in turn, increases students’ independence, self-advocacy, and self-determination skills. It has also been expected that paraprofessionals will give students more opportunities to complete tasks on their own after the intervention which leads students to become less dependent on others.

Results

Pre- and Post-Intervention Questionnaire

The first dependent variable probed for was the knowledge that paraprofessionals had of prompting and prompting hierarchies. The Pre-Intervention Questionnaire surveyed the knowledge and beliefs that paraprofessionals had at the start of the training session. The Post-Intervention Questionnaire surveyed the knowledge and beliefs that paraprofessionals had at the end of the training session and com-
paring these two questionnaires portrays if and how the training increased the participant's knowledge in the areas probed.

**Questionnaire results comparison.** Table 3 displays a comparison of data collected from each participant's Pre-Intervention Questionnaire. Results show all participants strongly believe it is important for students with disabilities to learn independence skills. Most participants also indicated that they were confident in their skills to help increase student independence. Other areas that the participants felt strongly about were using prompts effectively and knowing when and how to fade their support.

| Question                                                                 | Para. 1                  | Para. 2                  | Para. 3                  | Para. 4                  | Para. 5                  |
|-------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Prepared to collect accurate data                                    | Strongly agree           | Agree, strongly agree    | Agree                    | Agree                    | Agree                    |
| 2. Prepared to meet the needs of students                               | Strongly agree           | Agree                    | Agree                    | Agree, strongly agree    | Strongly agree           |
| 3. Confident in increasing student independence                          | Strongly agree           | Strongly agree           | Agree                    | Strongly agree           | Strongly agree           |
| 4. Effectively implement prompts                                        | Strongly agree           | Agree, strongly agree    | Agree                    | Strongly agree           | Agreement               |
| 5. Effectively implement prompt hierarchies                             | Strongly agree           | Agree                    | Agree                    | Agree                    | Agree                    |
| 6. Confident in knowing how & when to fade support                       | Strongly agree           | Strongly agree           | Agree                    | Agree                    | Strongly agree           |
| 7. Important for students to learn to be independent                     | Strongly agree           | Strongly agree           | Strongly agree           | Strongly agree           | Strongly agree           |

Table 4 displays a comparison of the results from the Post-Intervention Questionnaires completed by all paraprofessionals. The results from this questionnaire express a growth of knowledge seen over several of the areas that were probed for. The areas that displayed a growth of knowledge are: collecting accurate data, meeting the needs of students with disabilities, effectively implement prompt hierarchies, and knowing how and when to fade support. A comparison of the Pre- and Post-Intervention Questionnaires show that the training session was effective in increasing participant knowledge in prompting hierarchies, taking data, and fading support.
Table 4. Paraprofessional Post-Intervention Questionnaire Comparison Table

| Question                                      | Para. 1       | Para. 2       | Para. 3       | Para. 4   | Para. 5       |
|-----------------------------------------------|---------------|---------------|---------------|-----------|---------------|
| 1. Prepared to collect accurate data          | Strongly agree| Strongly agree| Strongly agree| Agree     | Agree         |
| 2. Prepared to meet the needs of students    | Strongly agree| Agree         | Strongly agree| Strongly agree| Strongly agree|
| 3. Confident in increasing student independence| Strongly agree| Strongly agree| Strongly agree| Agree     | Strongly agree|
| 4. Effectively implement prompts              | Strongly agree| Agree         | Strongly agree| Agree     | Agree         |
| 5. Effectively implement prompt hierarchies   | Strongly agree| Agree         | Strongly agree| Agree     | Agree         |
| 6. Confident in knowing how & when to fade support| Strongly agree| Strongly agree| Strongly agree| Agree     | Agree, strongly agree |
| 7. Important for students to learn to be independent| Strongly agree| Strongly agree| Strongly agree| Strongly agree| Strongly agree|

**Types and Number of Prompting**

The second dependent variable investigated in this study were the types and number of prompts that paraprofessionals used with students when working in a variety of settings. Data were collected for each paraprofessional teaching different tasks and in different settings.

**Paraprofessional 1.** Looking at Figure 1, this paraprofessional used a wide variety of prompts when working with students in the community. Her decades of experience in the field of education and attendance of numerous trainings can attest to her skillful use of prompts. The data collected illustrates that the number and types of prompts this paraprofessional used before and after the intervention remained consistent. These data were collected in a variety of community settings such as the grocery store, walking with students in the community, and helping students during job training. This paraprofessional used a steady number and type of prompts with students despite the setting. During observations, this paraprofessional gave students time to respond to prompts and she allowed time for students to try to complete a task or ask for help before she stepped in. This paraprofessional used the least amount of prompts out of the participants in this study.
Paraprofessional 2. The data in Figure 2 demonstrates a slight decrease in prompting usage for this paraprofessional before and after the intervention took place. Though this participant used some of the most amounts of prompts within this study, she utilized a variety of types of prompts.
Paraprofessional 3. The data in Figure 3 illustrates an increase in prompting after the intervention took place. Despite this, there was an additional increase in the variety of prompts this paraprofessional used with students. This use of a wider variety of prompts may explain the increase in the number of prompts that were used. The participant may have been making a conscious effort to use a wider variety of prompts and inadvertently used more prompts while working with students.

Paraprofessional 4. Not enough data were collected to determine if the intervention was effective. Figure 4 displays the data that were collected on this participant.

Paraprofessional 5. The data collected for this participant took place at the grocery store and community-based job training sites. Figure 5 displays a decrease in the number of prompts that were used with students after the intervention.
Paraprofessional 5. The data collected for this participant took place at the grocery store and community-based job training sites. Figure 5 displays a decrease in the number of prompts that were used with students after the intervention.
Discussion

Prompting
The results of this study convey how involved paraprofessionals are in a student’s day. Paraprofessionals are the biggest constant in a student’s day-to-day life and, therefore, it is important that they receive training and strategies to use to improve their teaching skills and how to improve student’s skills. One type of essential skill that all students with disabilities need to learn and improve upon are skills that lead to independence, such as self-advocacy and self-determination skills. There have been numerous studies done about how to teach these skills but one major strategy for teaching these skills was left out: using paraprofessionals to increase student independence. This study fills this gap by focusing on paraprofessionals and how to teach them to use a variety of prompts and prompting hierarchies along with fading those prompts. This study analyzes one way to teach paraprofessionals how to decrease their prompting in order to increase independence in students.

This study has mixed results. Out of the five paraprofessional participants, only two of the participants decreased the number of prompts that they used with students after they went through the intervention. One of the participants increased the number of prompts she uses, one of the participants stayed consistent in her prompting style, and there is not enough data on the last participant to determine if the intervention was effective or not. Even though the intervention did not help decrease prompting from all of the participants, it did help three out of the five participants use a wider variety of prompts than they were using before the intervention. In this way, the study is successful in introducing and training paraprofessionals to different types of prompts and prompting hierarchies and how to use these prompts so students do not become dependent on a certain type of prompt.

Limitations
There are several limitations in this study that need to be discussed. These limitations should be considered when research on this or similar topics are being planned and explored. One limitation that is found to have affected the results in this study is that there are not the same amount of data-collection sessions for each paraprofessional participant. This creates a lack of information about a couple of the participants and can create a bias in the overall data of the study. Another limitation to consider is that the data were not collected in the same exact settings for each participant before and after the intervention. This can cause the data to be inaccurate due to the differences in the setting. Participants were also studied
while working with different students which can cause inconsistencies since each student is different and some may require more prompts than others to complete a task. These limitations may have negatively affected this study by creating biases in the data collected.

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