The Irvine Paraprofessional Program: A Vision for the Future

by Mark Katz, PhD

FOR CHILDREN WITH ADHD who struggle to control their behavior and sustain their attention in class, experts often recommend on-the-spot behavioral support. Teachers, on the other hand, often find they have neither the time nor the training to implement these recommendations. Ron Kotkin, PhD, says there's a solution that has been around for some time: behavioral practices incorporated within the Irvine Paraprofessional Program.

Kotkin helped develop the IPP model and directed the program for years prior to his recent retirement. He is in the process of modifying it to make it more transportable to schools across the United States. If his vision becomes reality, very busy teachers may someday have access to proven practices designed to help children with ADHD in regular education classrooms. More about Kotkin's vision shortly; first, a brief history and description.

What IPP does

IPP is an outgrowth of the University of California, Irvine Child Development Center treatment model, a highly successful and nationally recognized comprehensive multimodal treatment model developed by James Swanson, PhD, for children with severe ADHD. The program trains undergraduate university students to function as paraprofessional behavioral specialists in regular elementary school classrooms. Teachers in surrounding school districts who find themselves struggling to manage one or more children in their regular education classrooms can call upon these trained behavioral specialists to assist them.

At the teacher's request, and under the supervision of the school's psychologist, the behavioral specialist designs and implements a specific twelve-week behavioral program that addresses the needs of one or more struggling students. Perhaps just as important, this person also assists the teacher by providing extra help and enrichment to the other children in class. All children stand to benefit, in other words, not just the child with ADHD.

A hallmark of all individualized behavioral plans is how frequently and immediately children with ADHD are caught doing the "right thing" in class. At the outset, this occurs every fifteen minutes over a several-hour period of time. As the child's behavior and time on-task improves, time intervals are increased. Once the child is able to maintain gains up to forty-five to sixty minutes, behavioral specialists



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begin passing the behavioral plan over to the teacher.

According to Kotkin, teachers generally feel they're able to manage behavioral plans requiring feedback every forty-five to sixty minutes and still attend to the business of teaching. This has not been the case, though, for plans involving shorter time intervals and requiring more frequent feedback.

Training of the paraprofessionals is intensive and mastery-based. All undergraduates must successfully complete three terms of coursework on empirically validated strategies for helping school-age children with ADHD—socially, emotionally and behaviorally. As part of the coursework, they must also complete two hundred hours of on-the-job training, where they learn how to successfully incorporate these practices into actual classroom situations. Those who master the coursework and field training experience can then apply to be behavioral specialists. The final choice of who gets to work in which classroom, however, always rests with the teacher.

Bringing IPP to a school near you

Kotkin is presently modifying the training model so that IPP practices are easier for schools to replicate. Rather than semester-long courses, recent modifications allow paraprofessionals to initially be trained over the course of two days. Other modifications are being made as well, allowing for services to be flexibly extended throughout the day and for longer periods of time. Kotkin is currently planning to pilot these revisions with a group of schools in California. Future sites will likely follow, based upon results obtained from this initial pilot.

How effective is the original IPP model? For children receiving IPP services, initial outcome studies showed a fifty percent reduction in disruptive behaviors over the course of an academic year. In contrast, children in the control group showed a fifteen percent increase in disruptive behaviors over the same time period.* The IPP was also adapted for use in over two hundred schools across North America as part of the intensive psychosocial intervention of the NIMH/DOE Multimodality Treatment Study.

Despite the proven effectiveness of well-designed behavioral interventions for school-age children with ADHD, Kotkin feels many people still have their doubts. The reason, he believes, is that they've been using the wrong delivery system. According to Kotkin, for interventions to work as designed, they often have to be implemented intensively and frequently, and in the actual setting where the behavioral problems are occurring. This requires a well thought-out delivery system, which is one of several hallmark features of IPP.

Another hallmark feature is its teacher training component. IPP teachers see behavioral strategies working firsthand. Before long, many feel trained to implement similar strategies on their own when needed, regardless of what might be causing disruptive behavior. Teachers learn that strategies can help children impacted by a variety of different challenges beyond ADHD.

Readers interested in learning more are encouraged to contact Kotkin via e-mail at ronaldkotkin@yahoo.com.

*Kotkin, R. (1998). The Irvine Paraprofessional Program: Promising practice for serving students with ADHD. *Journal of Learning Disabilities, 31*, 6, Nov-Dec, 556-564.



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