Treating Severe Problem Behavior
A Focus on Strengthening Socially Important Behavior

Gregory P. Hanley Ph.D., BCBA-D

For more information go to:
www.practicalfunctionalassessment.com
Specific Process Commitments and Aims

- safety
- understanding
- trust
- holistic
- progressive
- high expectations
- skill development
- contextual fit
- balanced relationships
First, we learn about the child and contexts in which problem behavior is most and least likely with an open-ended interview.

**Case Example:**
Zeke, 14 years old, PDD-NOS

Interview suggested that when .... in order to ....

*Zeke engaged in SIB and aggression....*

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Possible establishing operations (EOs)</em></td>
<td>Problem Behavior</td>
<td><em>Possible reinforcers</em></td>
</tr>
</tbody>
</table>
Interview-Informed Synthesized Contingency Analysis

Single-test condition
Individualized test conditions
Synthesized contingencies
Reinforce precursors to and dangerous behavior
Test-matched control

Second, we conduct an analysis to directly understand what is influencing problem behavior

IISCA: Two condition analysis explicitly designed from an open-ended interview

Zeke

Problem Behavior per min

Sessions

1 2 3 4 5 6
Functional Analysis

Zeke

14-year old boy diagnosed with Autism

Engaged in Severe SIB and Aggression

1:1 in Specialized School
Treatment Analysis

Zeke

14-year old boy
diagnosed with Autism

Engaged in Severe SIB and Aggression

Process in School

Problem behavior no longer yields the reinforcers (escape to child-directed play and teacher attention)

A simple response (button press: “My way please”) is prompted and reinforced with (escape to child-directed play & teacher attention)
Treatment Analysis

Zeke

14-year old boy
diagnosed with Autism

Engaged in Severe SIB and Aggression

Process in School

A more interactional response (shoulder tap, wait for teacher acknowledgement, two-button press: May I have / My way please”) is prompted and reinforced
Treatment Analysis

Zeke

14-year old boy

diagnosed with Autism

Engaged in Severe SIB and Aggression

Process in School

Now, FCRs are reinforced half the time. The other half, the teacher denies the bid (e.g., says’s no, do your work without me, please)

Responses to disappointment are prompted and reinforced: (Take a breath and nodding yes)

Cues of disappointment, Delays to reinforcement, and unpredictable outcomes have now been introduced!
Treatment Analysis

Zeke

14-year old boy

diagnosed with Autism

Engaged in Severe SIB and Aggression

Process in School

Now, FCRs are reinforced 1/3 of the time.

TRs are reinforced 1/3 of the time.

And compliance with progressively longer and more challenging instructions is reinforced.
Treatment Analysis

Zeke

14-year old boy
diagnosed with Autism

Engaged in Severe SIB and Aggression

Process in School
### Table 2  Social acceptability questionnaire results

| Questions                                      | Zeke |   |   |   |
|                                               |     | R1 | R2 | R3 |
| 1. Acceptability of assessment procedures     | 7   | 7  | 7  |    |
| 2. Acceptability of treatment packages        | 7   | 5  | 7  |    |
| 3. Satisfaction with improvement in problem behavior | 7   | 6  | 7  |    |
| 4. Helpfulness of consultation                | 7   | 7  | 7  |    |

| Comfort levels | Pre | Post | Pre | Post | Pre | Post |
|               | Rx  | Rx   | Rx  | Rx   | Rx  | Rx   |
| R1            |     |      |     |      |     |      |
| R2            |     |      |     |      |     |      |
| R3            |     |      |     |      |     |      |

**Zeke**

| Questions                                      |    |    |    |
| 1. Taking away preferred items                | 3  | 7  | 7  |
| 2. Taking away preferred items/activities then immediately presenting work | 3  | 7  | 6  |
| 3. Taking away preferred items/activities and attention | 3  | 6  | 2  |

**Overall mean**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.9</td>
<td>6.4</td>
</tr>
</tbody>
</table>

*7 = highly acceptably, highly satisfied, very helpful, or very comfortable*

*1 = not acceptable, not satisfied, not helpful, or not comfortable*

R2, R2, and R3 denote the three responders including parents and teachers.
What is the treatment????

Intermittent and unpredictable reinforcement of life skills:

**Functional Communication**

**Delay/denial toleration**

**Compliance**

---

Functional communication request (FCR)

- **Granted**
  - 20%

- **Denied**
  - 20%

- **Tolerance response (TR)**
  - 60%

- **Variable amount of work/play expectations**

---

**Reinforcement**

- **Compliance**
  - 30%

  - Complex
    - Functional Communications
      - 20%
    - Tolerance responses
      - 20%

---
Treatment Implementation

*Materials not needed:
- Laminate
- Laminating machine
- Glue guns
- Vis a vis markers
- Velcro
- Tokens
- Token boards
- Timers
- Stickers
- Candies
- Anything that was not already in the child’s environment!

1. Put these in your pocket
2. Pull one out while child is experiencing their reinforcers
3. Keep it to yourself
4. Require that behavior next time
App called “Names in a Hat”
App called “Roundom”
SBT - Brandon

Age: 3
Diagnosis: None
Language Level: Speaks in Short Sentences
Referred for: Aggression, Meltdowns, Noncompliance
SBT - Luke

- Age: 4
- Diagnosis: Autism, Attention Deficit Hyperactivity Disorder
- Language Level: Fully fluent speech
- Referred for: Aggression, Property Destruction, Meltdowns
SBT - Diego

- Age: 11
- Diagnosis: Autism
- Language Level: Speaks in Short Sentences
- Referred for: Self-injurious behavior, Aggression, Property Destruction

CAB Chaining
Good alternatives to Full Extinction:

1. Partial Extinction
   
   *escape always available*

   PB = escape to nothing vs. Skills = escape to everything

2. No extinction with full assent

   *Client can leave practice sessions with all of their stuff at anytime*

   They surprisingly don’t very often probably due to preference for earned sr
Can we do this process without bursts or physical management (i.e., without extinction procedures)?

Will children choose to participate in these processes if they can leave with all of the reinforcers at anytime?

Can the process be made unassailable to skeptics/critics?
Enhanced Choice Model

• Initial choice to enter clinic or go home
• Second choice to practice skills or chill in waiting room
• Continual choice to leave at anytime with his stuff
  – Either to waiting room or home
• Choice intermittently embedded in work and break periods
• All in context of progressively building skills with intermittent and unpredictable reinforcement
Parent feedback (following transfer to home)

1. Rate the extent to which you are satisfied with the amount of improvement seen in Jacob’s problem behavior in our clinic.
   
   Not Satisfied [ ] 2 3 4 5 6 [ ] Highly Satisfied

2. Rate the extent to which you are concerned about Jacob’s ongoing problem behavior at home.
   
   Not Concerned [ ] 2 3 4 5 6 [ ] Highly Concerned

3. Rate the extent to which you have found the assessment and treatment provided by our team helpful to your home situation up to this point.
   
   Not helpful [ ] 2 3 4 5 6 [ ] Very Helpful

4. Rate the extent to which you feel confident applying the same strategies you have seen in our clinic, when addressing Jacob’s problem behavior at home.
   
   Not Confident [ ] 2 3 4 5 6 [ ] Very Confident
Parent feedback (following transfer to home)

5. How comfortable were you taking away Jacob’s preferred activities (e.g., electronics) and asking him to do something else (e.g., clean up, do his homework) BEFORE visiting the clinic?

Not comfortable   1   2   3   4   5   6   Very comfortable

6. How comfortable are you taking away Jacob’s preferred activities (e.g., electronics) and asking him to do something else (e.g., come to dinner, do his homework) now (AFTER visiting the clinic)?

Not comfortable   1   2   3   4   5   6   7   Very comfortable

7. How comfortable were you taking Jacob to public places BEFORE visiting the clinic?

Not comfortable   1   2   3   4   5   6   7   Very comfortable

8. How comfortable are you taking Jacob to public places now (AFTER visiting the clinic)?

Not comfortable   1   2   3   4   5   6   7   Very comfortable
Why would children choose to participate in treatment?

Perhaps due to the universal preference for contingent over noncontingent reinforcers

(i.e., due to a preference for yearning and earning)
From Hanley, Piazza, Fisher, & Contrucci, 1997, *JABA*

Initial Link  Terminal Links

- **Blue Switch**
- **Red Switch**
- **White Switch**

**FR-1**

- **FCT**
  - 2 min period: Response Contingent Attention (FR-1)

- **NCR**
  - 2 min period: Noncontingent Attention (yoked)

- **EXT**
  - 2 min period: No Attention Available

Available
Preference for contingent over noncontingent reinforcement
Treatment Review

Personalized and synthesized reinforcers delivered intermittently, unpredictably, and exclusively following various chain lengths of appropriate behavior that includes communication, toleration, and compliance.
The treatment is implemented in the most challenging context that is sufficiently convenient to repeatedly arrange

- Referred to as the “two Cs” of context
The treatment process begins by providing personalized and synthesized reinforcers for each and every problem behavior and then for each and every communication response.

- Trust is built by arranging for easy responses to reliably and immediately result in all reinforcers.
The first communication response taught is referred to as the Simple Functional Communication Response (sFCR)

The key features of an sFCR:
- Simple
- Novel
- Omnibus (“My way”)
- Can be effectively prompted

The key features of initial teaching:
- Prompt SFC prior to full introduction of EO
  - Base on within-session results of IISCA
- Prompt response immediately and after problem behavior
Shaping of the functional communication response continues (Ghaemmaghami et al., 2018)…(usually, but not always) until it contains:

- An obtaining a listener response (e.g., “Excuse me”)
- A generative autoclitic frame (e.g., “May I have ____”)
- A social nicety
- Proper tone, pace, volume, articulation

It is then referred to as a Complex Functional Communication Response (cFCR) (e.g., “Excuse me [pause, wait for acknowledgement], May I have my way, please?”)
✓ The cFCR is sometimes differentiated into specific mands (Ward et al., 2018)

- An obtaining a listener response
- A break response
- An access to preferred toys response
- An attention recruitment response

(e.g., “‘Excuse me [pause, wait for acknowledgement], May I have a break, please? ....May I have my stuff please’ ....”Will you play with me”)
FCT – Raj

Age: 5  Diagnosis: Autism  Language Level: Single word utterances  
Referred for: Self-Injury, Aggression, Property Destruction
FCT – Raj
Age: 5  Diagnosis: Autism  Language Level: Single word utterances
Referred for: Self-Injury, Aggression, Property Destruction
FCT – Cole

Age: 8  Diagnosis: Autism  Language Level: Fully Fluent Speech
Referred for: Self-Injury, Aggression, Property Destruction
FCT – Cole
Age: 8  Diagnosis: Autism  Language Level: Fully Fluent Speech
Referred for: Self-Injury, Aggression, Property Destruction
**Important TIPS**

1. Always provide immediate sr for some FCRs
2. Teach an appropriate response to cues of delay, denial, or disappointment
3. Progressively increase the average amount of behavior (not just time) required to terminate the delay
4. Terminate the delay for various amounts of behavior (sometimes expect very little behavior sometimes request larger or more complex types of behavior during the delay)
5. Probably best to not signal how much behavior is required to terminate the delays
At the end of treatment:

- Many appropriate behaviors do not yield reinforcement immediately, but there is no delay to reinforcement per se.

Due to chaining of appropriate responses.
And, non-reinforcement of a response (e.g., a mand) induces another appropriate response (e.g., tolerance response) as opposed to problem behavior.
The average chain length is progressively increased, but communication, toleration, and short/unexpected compliance chains are reinforced sometimes, even at the end of treatment.
Shorties never go away.

This way we keep hope alive!

Surprise Shorties are a must!
Let’s review the workbook.
### Detailed Description of the Skill-Based Treatment of Problem Behavior Process (developed by G. P. Hanley, October, 2017)

<table>
<thead>
<tr>
<th>Step</th>
<th>Objectives</th>
<th>Responses Reinforced</th>
<th>Sessions</th>
<th>Progressively Changing Response Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Verifying hunch / Building Trust</td>
<td>PB</td>
<td>1–3</td>
<td>Tr 1 Sr: PB, Tr 2 Sr: PB, Tr 3 Sr: PB, Tr 4 Sr: PB, Tr 5 Sr: PB</td>
</tr>
<tr>
<td>2</td>
<td>Shifting to Appropriate / Building Trust</td>
<td>sFCR (&quot;My way&quot;)</td>
<td>4–6</td>
<td>Tr 1 Sr: sFCR, Tr 2 Sr: sFCR, Tr 3 Sr: sFCR, Tr 4 Sr: sFCR, Tr 5 Sr: sFCR</td>
</tr>
<tr>
<td>3</td>
<td>Improving Form</td>
<td>iFCR (&quot;May I have my way please&quot;)</td>
<td>7–8</td>
<td>Tr 1 Sr: iFCR, Tr 2 Sr: iFCR, Tr 3 Sr: iFCR, Tr 4 Sr: iFCR, Tr 5 Sr: iFCR</td>
</tr>
<tr>
<td>4</td>
<td>Improving Form</td>
<td>cFCR (&quot;Excuse me [...] &quot;May I have my way please&quot;)</td>
<td>9–10</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: cFCR, Tr 3 Sr: cFCR, Tr 4 Sr: cFCR, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>5</td>
<td>Preparing for Inevitable Disappointment</td>
<td>cFCR/TR (&quot;Okay, no problem&quot;)</td>
<td>11</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: TR, Tr 3 Sr: cFCR, Tr 4 Sr: TR, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>5</td>
<td>Preparing for Inevitable Disappointment</td>
<td>cFCR/TR</td>
<td>12</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: TR, Tr 3 Sr: TR, Tr 4 Sr: cFCR, Tr 5 Sr: TR</td>
</tr>
<tr>
<td>5</td>
<td>Preparing for Inevitable Disappointment</td>
<td>cFCR/TR</td>
<td>13</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: TR, Tr 3 Sr: cFCR, Tr 4 Sr: TR, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>6</td>
<td>Preparing for Inevitable Ambiguity</td>
<td>cFCR/TR/eCAB (Adult expected work or play)</td>
<td>14</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>6</td>
<td>Preparing for Inevitable Ambiguity</td>
<td>cFCR/TR/eCAB</td>
<td>15</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>7</td>
<td>Preparing for Inevitable Ambiguity</td>
<td>cFCR/TR/eCAB</td>
<td>16</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>7</td>
<td>Preparing for Inevitable Ambiguity</td>
<td>cFCR/TR/eCAB</td>
<td>17</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>8</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>18</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>9</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>19</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>9</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>20</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>9</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>21</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>10</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>22</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>10</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>23</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>11</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>24</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>11</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>25</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>12</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>26</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>12</td>
<td>Building Stamina while Keeping Hope Alive</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>27</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 1eCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 1eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>13</td>
<td>Finding the Balance / Task Revaluating</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>28</td>
<td>Tr 1 Sr: 2eCAB, Tr 2 Sr: 10hCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 13eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>13</td>
<td>Finding the Balance / Task Revaluating</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>29</td>
<td>Tr 1 Sr: 13eCAB, Tr 2 Sr: 2hCAB, Tr 3 Sr: cFCR, Tr 4 Sr: 10hCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>14</td>
<td>Finding the Balance / Task Revaluating</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>30</td>
<td>Tr 1 Sr: 3eCAB, Tr 2 Sr: 10eCAB, Tr 3 Sr: 20hCAB, Tr 4 Sr: cFCR, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>14</td>
<td>Finding the Balance / Task Revaluating</td>
<td>cFCR/TR/e&amp;hCAB</td>
<td>31</td>
<td>Tr 1 Sr: 3eCAB, Tr 2 Sr: 10eCAB, Tr 3 Sr: 20hCAB, Tr 4 Sr: cFCR, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>15</td>
<td>Extending Effects to Relevant People</td>
<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>32</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 5eCAB, Tr 3 Sr: 3hCAB, Tr 4 Sr: 7eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>15</td>
<td>Extending Effects to Relevant People</td>
<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>33</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 5eCAB, Tr 3 Sr: 3hCAB, Tr 4 Sr: 7eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>16</td>
<td>Extending Effects to Relevant People</td>
<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>34</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 5eCAB, Tr 3 Sr: 3hCAB, Tr 4 Sr: 7eCAB, Tr 5 Sr: cFCR</td>
</tr>
<tr>
<td>16</td>
<td>Extending Effects to Relevant People</td>
<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>35</td>
<td>Tr 1 Sr: cFCR, Tr 2 Sr: 5eCAB, Tr 3 Sr: 3hCAB, Tr 4 Sr: 7eCAB, Tr 5 Sr: cFCR</td>
</tr>
</tbody>
</table>
Parent Training – Jake (with Mother)

Age: 7  Diagnosis: None  Language Level: Fully fluent speech

Referred for: Property destruction
# WNE Life Skills Clinic

## Parent Implemented Skill-Based Treatment Data Sheet

**Data collector:**

**Date:**

**Session name:**

**Circle one:**  
- Primary
- IOA

### Context

#### Child-led time

- **(Their way)**
  - **(Sr interval)**

  **A.** Be sure that many of your child’s preferred items/activities are available

  **B.** Be available to and engaged with your child (close in proximity, not distracted, and providing *high quality* attention in the manner your child prefers)

  **C.** Honor all reasonable requests for items, your attention, or saying/doing things a particular way

  **D.** Program ‘child-led’ for an appropriate amount of time (i.e., at least 20 s); it should not feel unnaturally short or long

  **E.** If your child makes an unreasonable request, deny and re-direct to the items that are available

#### Adult-led time

- **(Your way)**
  - **(EO interval)**

  **F.** Make it clear that you are in control by delivering an instruction as you terminate Child-led time

  **G.** Deliver clear, concise instructions to your child (e.g., put the blue ball in the bucket)

  **H.** When delivering each instruction, use the 3-step prompting method: *Tell them what to do, (wait 3 seconds), show them what to do, (wait 3 seconds) help them do it.*

  **I.** Only allow access to materials relevant to what your child is expected to do

  **J.** Only provide attention relevant to what your child is expected to do (prompting within the 3-step method and praise for compliance)

### Do:

#### Transition from adult-led time to child-led time

- **(the)**

  **K.** Moving from adult-led time to child-led time should only occur following one of these three skills: functional communication, delay/denial toleration, or compliance with your instruction/expectation following denial

  **L.** It is important that each of the skills “payoff” some of the time. As such, always reward functional communication and toleration

### Don’t:

#### Child-led time

- **(Their way)**
  - **(Sr interval)**

  **A.** Refrain from placing any demands, including instructions and questions (i.e., make it clear that you child is in charge and you will follow their lead)

  **B.** Refrain from correcting your child (including providing feedback on past problem behavior) or the way they are engaging with an item/activity

  **C.** Refrain from manipulating child’s toys, unless following the child’s lead

  **D.** Refrain from reacting in any (obvious) way to ANY inappropriate behavior; do not attempt to redirect the child following inappropriate behavior, and refrain from offering choices or presenting different toys following inappropriate behavior

#### Adult-led time

- **(Your way)**
  - **(EO interval)**

  **E.** Do not negotiate, argue, rationalize or cajole; it is best not to respond to anything your child says during this period to make it clear to him/her that they are not on “their way” and that the only behavior that will be rewarded is compliance with your instruction (or the skills of functional communication and toleration)

  **F.** Do not comply with child attempts to lead instruction (e.g., “I want to clean up before I sit at the table”)

  **G.** Do not present demands as questions/options

  **H.** Do not react in any (obvious) way to ANY inappropriate behavior, simply proceed with the 3-step prompting or agreed upon alternative

  **I.** Do not change the demand contingent on problem behavior

### Skill-Based Treatment
Parent Training – Jake (with Mother)

Age: 7 Diagnosis: None Language Level: Fully fluent speech
Referred for: Property destruction
Parent Training – Karl
Age: 4 Diagnosis: None Language Level: Fully fluent speech
Referred for: Aggression, Property destruction, Screaming

Parent pretest
Parent Training – Karl

Age: 4  Diagnosis: None  Language Level: Fully fluent speech
Referred for: Aggression, Property destruction, Screaming

CAB chaining
Skill-Based Treatment of Stereotypy

Permission based model in which communication, toleration, and contextually appropriate behaviors are strengthened
(adapted from Hanley, Jin, Vanselow, & Hanratty, JABA, 2014)

1. Teach child to request access to stereotypy
   (via blocking and contingent access to stereotypy)

2. Teach child to tolerate denials of mands for stereotypy (via blocking and contingent, intermittent, and unpredictable access to stereotypy)

3. Teach child to engage in contextually relevant behavior
   (via prompting, blocking and contingent, intermittent, and unpredictable access to stereotypy)
Skill-Based Treatment of Stereotypy (in prep.)

- Combination of Hanley et al. (2014) and Slaton & Hanley (2016)

**S-**
- Mand for stereotypy
- Denied

**S+**
- Tolerance response
- Variable work/play
- Comp.

Stereotypy blocked

Stereotypy is allowed

15 – 45 seconds
## Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Diagnosis</th>
<th>Communication</th>
<th>Work tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant</td>
<td>7</td>
<td>Autism</td>
<td>1-2 word phrases</td>
<td>Numbers, letters, sight words, pictures, matching</td>
</tr>
<tr>
<td>Milo</td>
<td>12</td>
<td>Autism</td>
<td>No phrases</td>
<td>Match and identify objects, pictures, numbers, letters; short ADL tasks</td>
</tr>
<tr>
<td>Marco</td>
<td>21</td>
<td>Autism</td>
<td>1-3 word phrases</td>
<td>Leisure and time management on iPad</td>
</tr>
</tbody>
</table>
**Participants: stereotypy topographies**

<table>
<thead>
<tr>
<th>Grant</th>
<th>Milo</th>
<th>Marco</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hand flapping</td>
<td>• Hand flapping</td>
<td>• Pacing or galloping</td>
</tr>
<tr>
<td>• Finger wiggling</td>
<td>• Tapping on teeth</td>
<td>• Jumping</td>
</tr>
<tr>
<td>• Object flapping</td>
<td>• Rubbing or poking face</td>
<td>• Tapping body, furniture</td>
</tr>
<tr>
<td>• Clapping</td>
<td>• Finger play</td>
<td>• Hair twirling</td>
</tr>
<tr>
<td>• Holding objects to eyes and rotating</td>
<td>• Shaking objects</td>
<td>• Knuckle cracking</td>
</tr>
<tr>
<td></td>
<td>• Tapping work materials</td>
<td></td>
</tr>
</tbody>
</table>
Treating Stereotypy - Milo

- Age: 12
- Diagnosis: Autism
- Language Level: none
- Referred for: Disruptive Stereotypy
Treating Stereotypy - Milo

Simple FCT
Treating Stereotypy - Milo

Complex FCT
Treating Stereotypy - Milo

Tolerance Response Training

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY
**Response Chaining**

<table>
<thead>
<tr>
<th>Level</th>
<th>Task</th>
<th>Demand range</th>
<th>Total demands</th>
<th>Field size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Match pictures</td>
<td>1 - 3</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>+Letters, numbers</td>
<td>1 - 3</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>(Same)</td>
<td>1 - 6</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>(Same)</td>
<td>1 - 10</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>(Same)</td>
<td>1 - 10</td>
<td>27</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>(Same)</td>
<td>1 - 10</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>(Same)</td>
<td>1 - 10</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>+Sort objects</td>
<td>1 - 10</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>+ADLs</td>
<td>1 - 10</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>+Identify pictures</td>
<td>1 - 10</td>
<td>27</td>
<td>6</td>
</tr>
</tbody>
</table>
Treating Stereotypy - Milo

- Age: 12
- Diagnosis: Autism
- Language Level: none
- Referred for: Disruptive Stereotypy

CAB Chaining – Accuracy included in contingency
Treating Stereotypy - Grant

- Age: 7
- Diagnosis: Autism
- Language Level: Speaks in 1 or 2 word utterances
- Referred for: Disruptive Stereotypy

Instructional Baseline
Treating Stereotypy - **Grant**

- **Age:** 7  
  **Diagnosis:** Autism  
  **Referred for:** Disruptive Stereotypy
- **Language Level:** Speaks in 1 or 2 word utterances
Vocal stereotypy discrimination index

Sessions

S-duration (minutes)

Grant

Milo

Marco
Social Validity

1 = highly disagree 7 = highly agree

<table>
<thead>
<tr>
<th>Question</th>
<th>Grant</th>
<th>Milo</th>
<th>Marco</th>
</tr>
</thead>
<tbody>
<tr>
<td>The treatment that involved teaching a request for stereotypy, teaching an appropriate response to the denial of that request, and teaching the individual to complete an increasing number of demands before earning access to stereotypy was acceptable.</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>The amount of behavior change (i.e., the effects of treatment) was acceptable or sufficient.</td>
<td>6</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>The overall goals of this treatment were acceptable, appropriate, and important for the individual.</td>
<td>7</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>I would recommend this treatment package to other therapists or providers who are attempting to decrease stereotypy and increase appropriate engagement.</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
Treatment for stereotypy can (should?) be....

- function-based
- comprehensive

- involve a **strong, intermittent, and unpredictable contingency** to inhibit stereotypy and do something else contextually appropriate .... in order to engage in stereotypy
Come up with at least one question relevant to conducting this skill-based treatment process
For more information, go to:

www.practicalfunctionalassessment.com

and look out for useful peer-reviewed research from:

Jessel, Ingvarsson, Ghaemmaghami, Beaulieu, Slaton, Ward, Warner, Rajaraman, Gover, Ruppel, Whalen, Mouzakes, & Metras