Treating Severe Problem Behavior
A Focus on Strengthening Socially Important Behavior

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

WESTERN NEW ENGLAND
UNIVERSITY **WNE**

University of Massachusetts Medical School
UMASS

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 Zeke engaged in SIB and aggression....

when ....

in order to ....

Antecedent → Behavior → Consequence

Possible establishing operations (EOs) → Problem Behavior → *Possible* reinforcers

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

Interview-Informed Synthesized Contingency Analysis
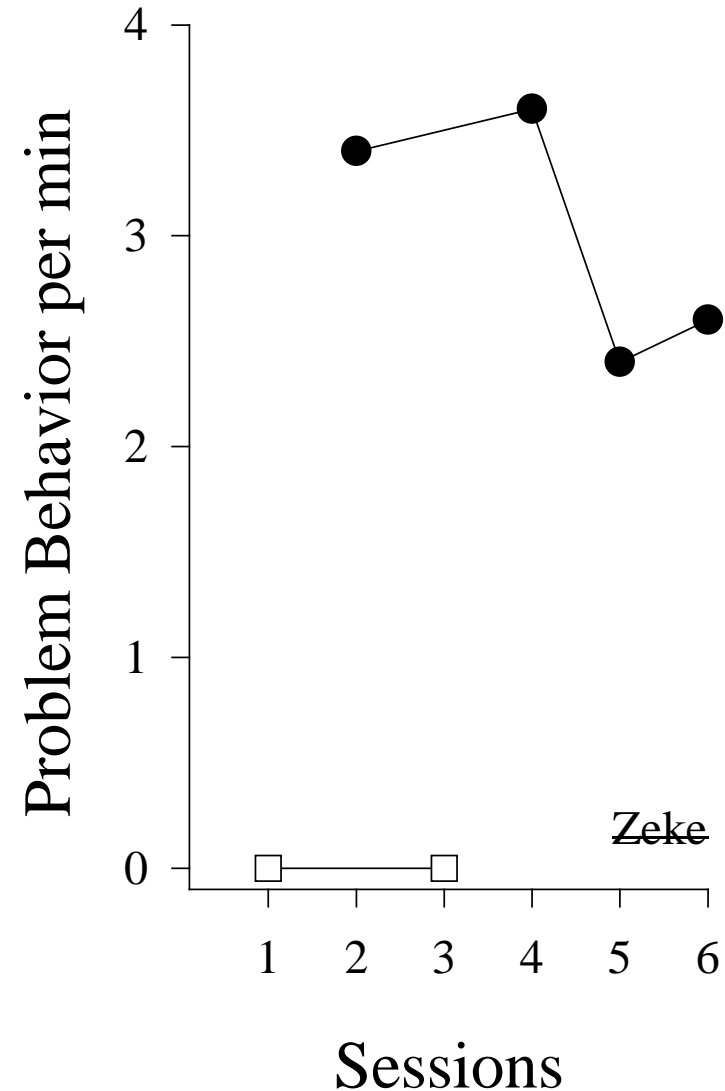
Single-test condition

Individualized test conditions

Synthesized contingencies

Reinforce precursors to and dangerous behavior

Test-matched control

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

Zeke

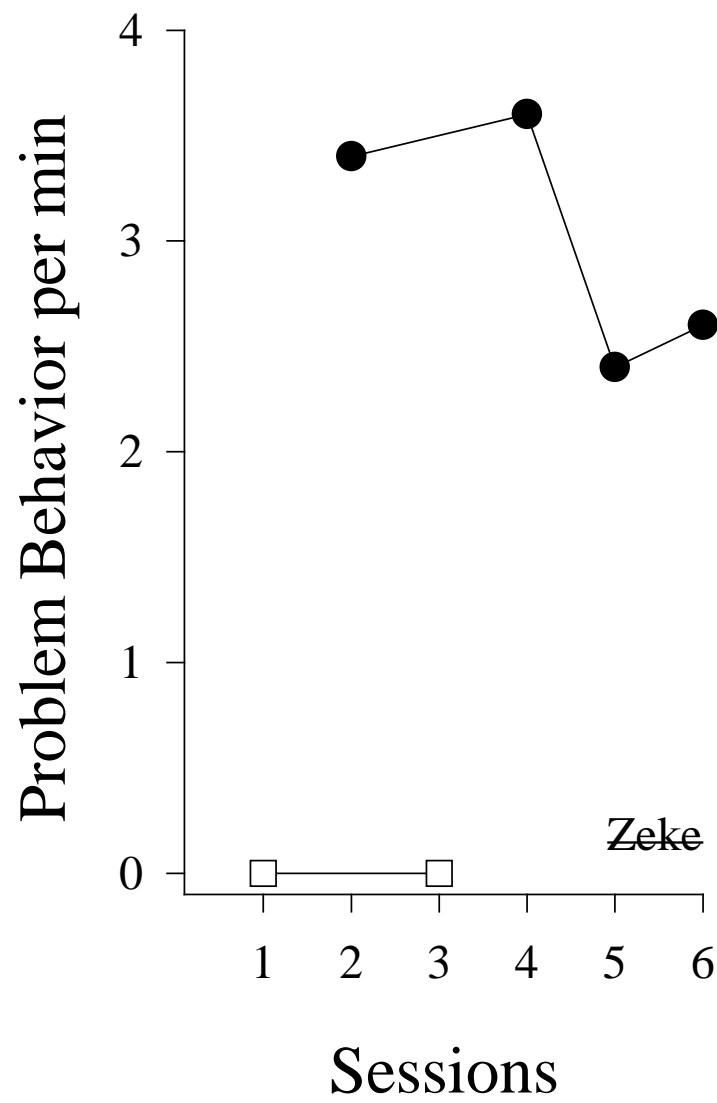Problem Behavior per min

Sessions

Functional Analysis

Zeke

14-year old boy

diagnosed with Autism

Engaged in Severe SIB and Aggression
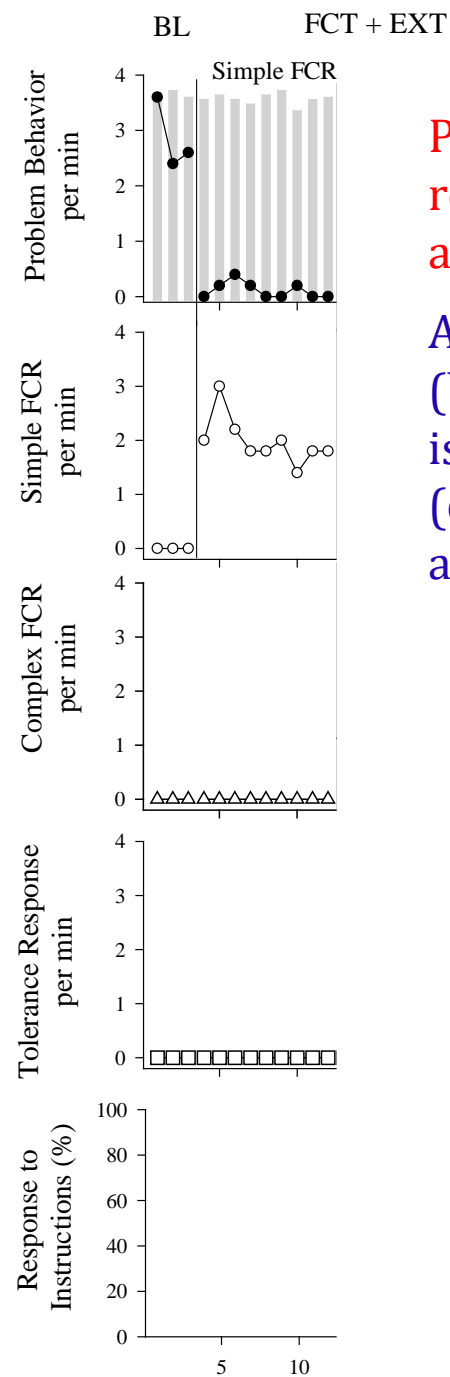
1:1 in Specialized School

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
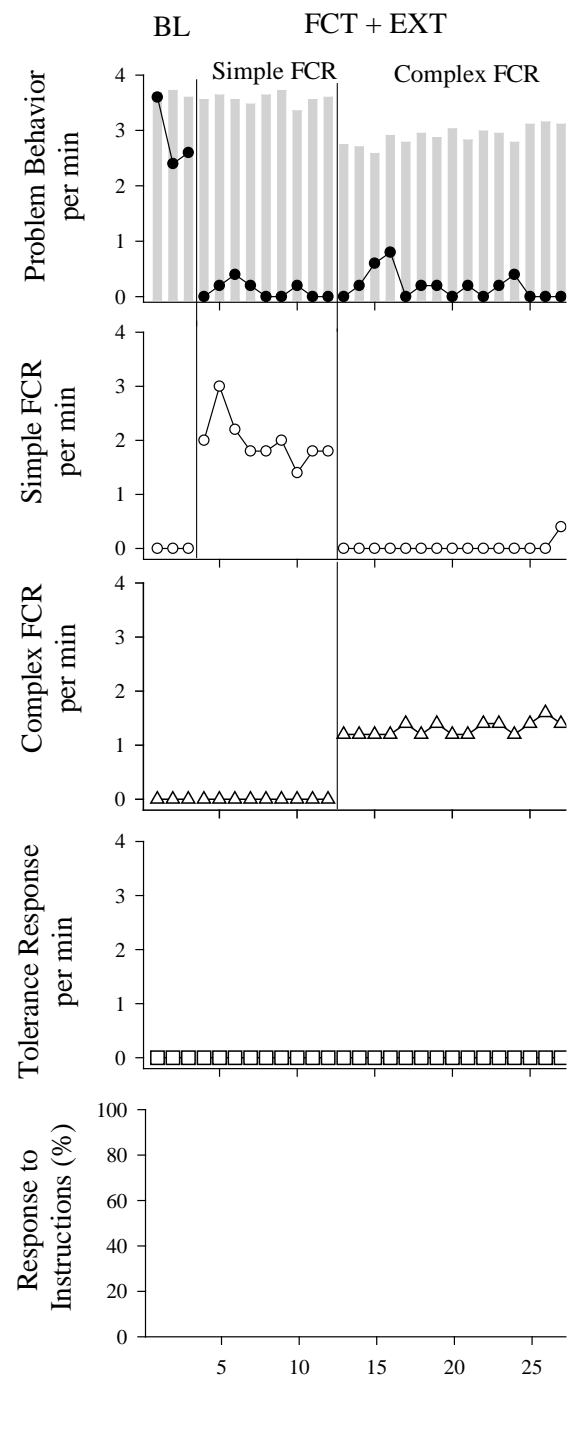(escape to child-directed play & teacher attention)

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
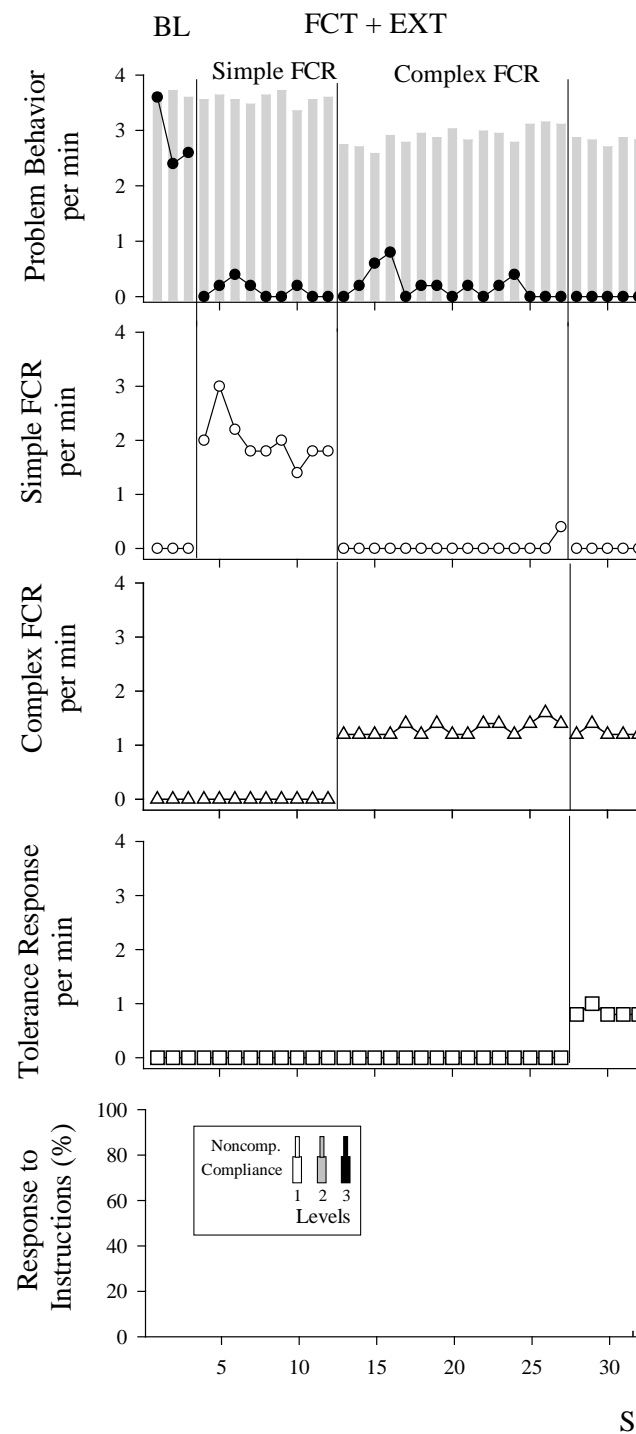
Treatment Analysis

Zeke

14-year old boy

diagnosed with Autism

Engaged in Severe SIB and Aggression

Process in School

BL

FCT + EXT

Simple FCR

Complex FCR

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!
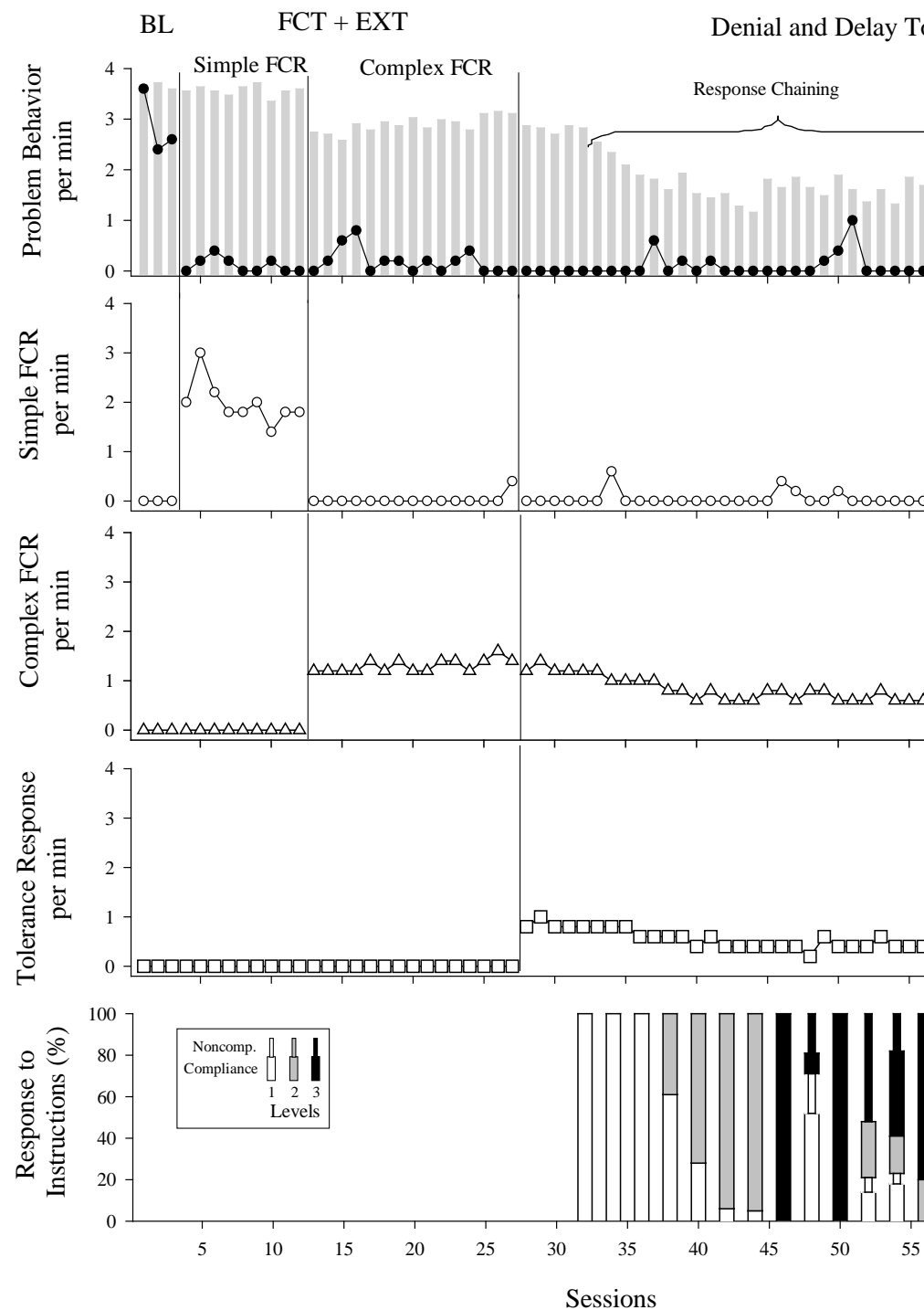
Treatment Analysis

Zeke

14-year old boy

diagnosed with Autism

Engaged in Severe SIB and Aggression

Process in School

BL

FCT + EXT

Denial and Delay Tolerance Training

Simple FCR

Complex FCR

Response Chaining

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
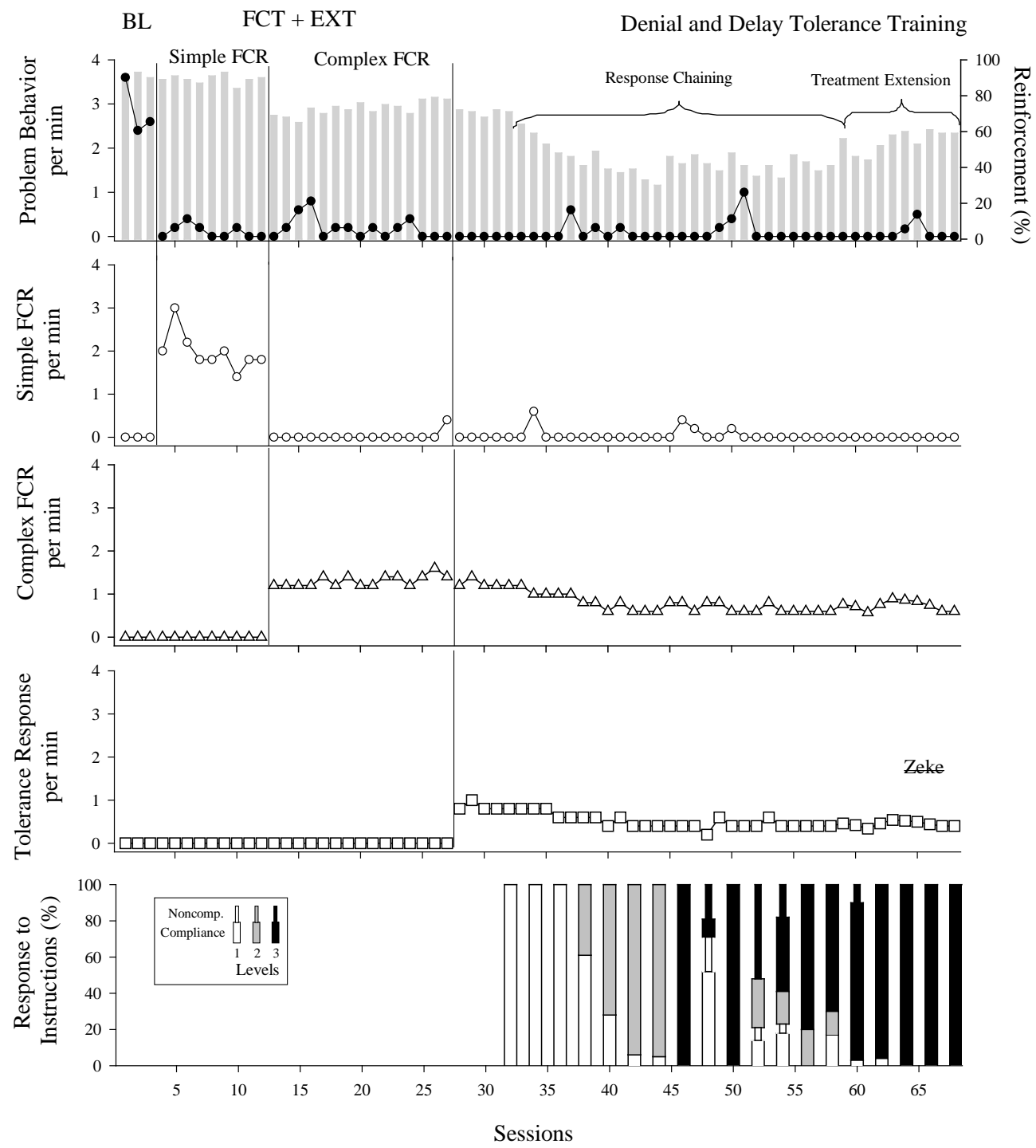
Engaged in Severe SIB and Aggression

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 Rx R1	Post Rx	Pre Rx R2	Post Rx	Pre Rx R3	Post Rx
Zeke						
1. Taking away preferred items	3	7	7	7	5	7
2. Taking away preferred items/activities then immediately presenting work	3	7	6	6	3	7
3. Taking away preferred items/activities and attention	3	6	2	5	2	7

Overall mean

Pre	Post
3.9	6.4

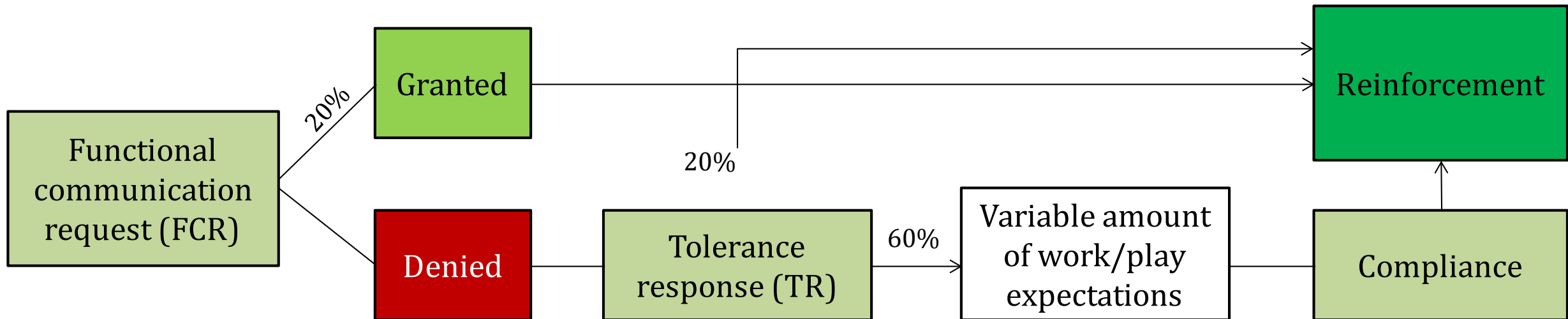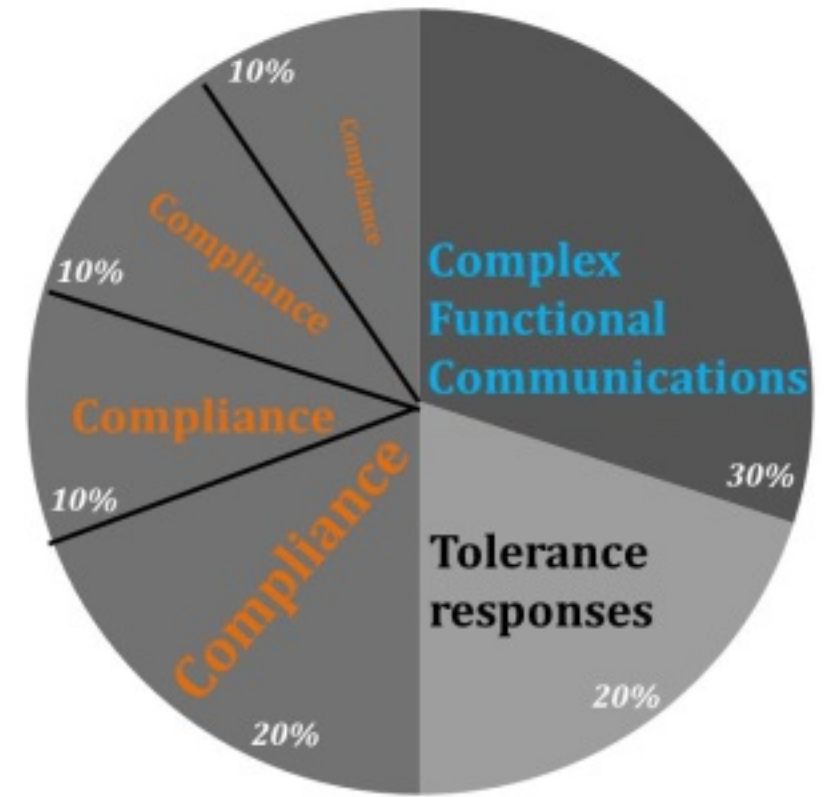7 = highly acceptably, highly satisfied, very helpful, or very comfortable

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

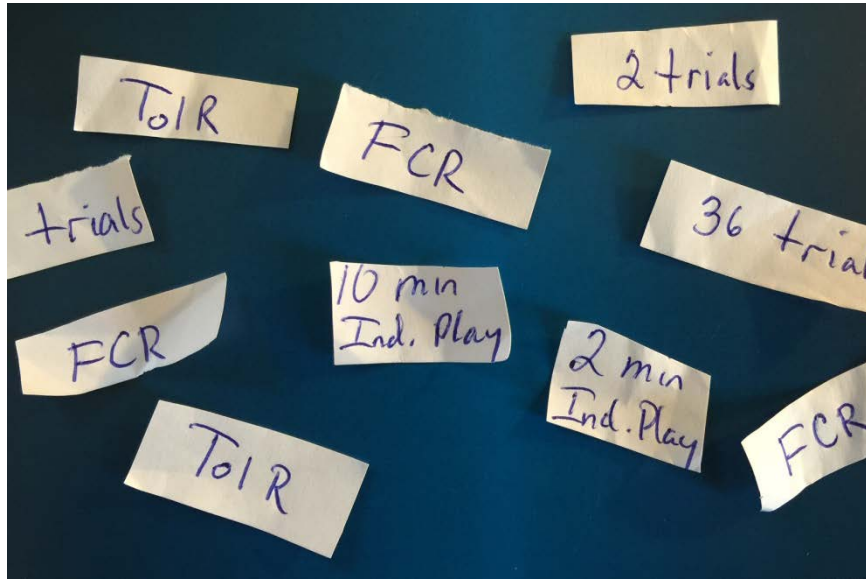R2, R2, and R3 denote the three responders including parents and teachers

What is the treatment????

Intermittent and unpredictable reinforcement of life skills:

Functional Communication
Delay/denial toleration
Compliance

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
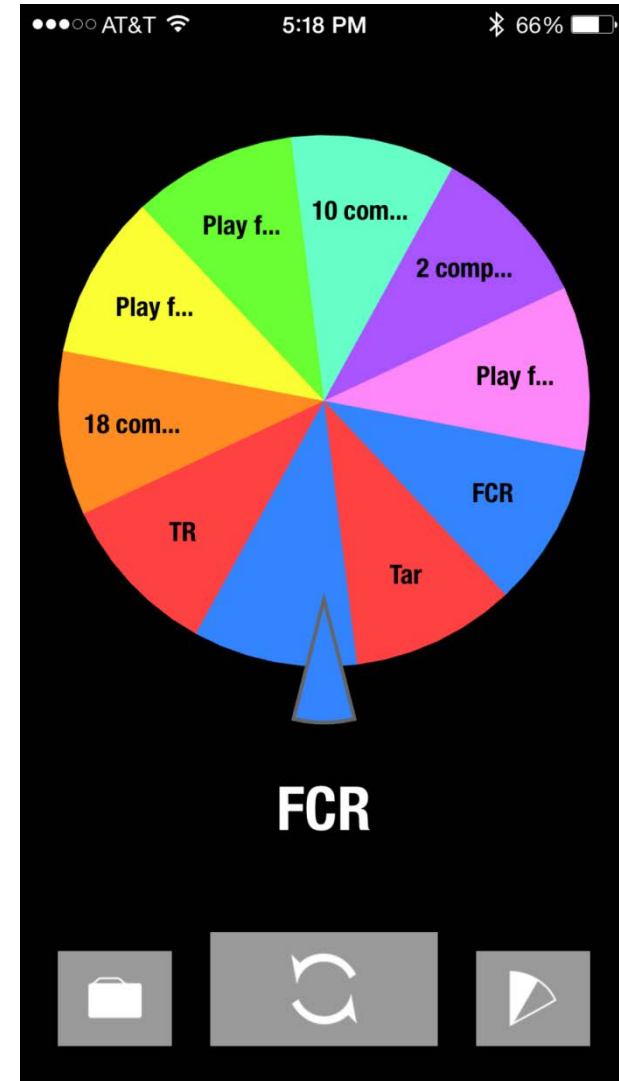3. Keep it to yourself
4. Require that behavior next time

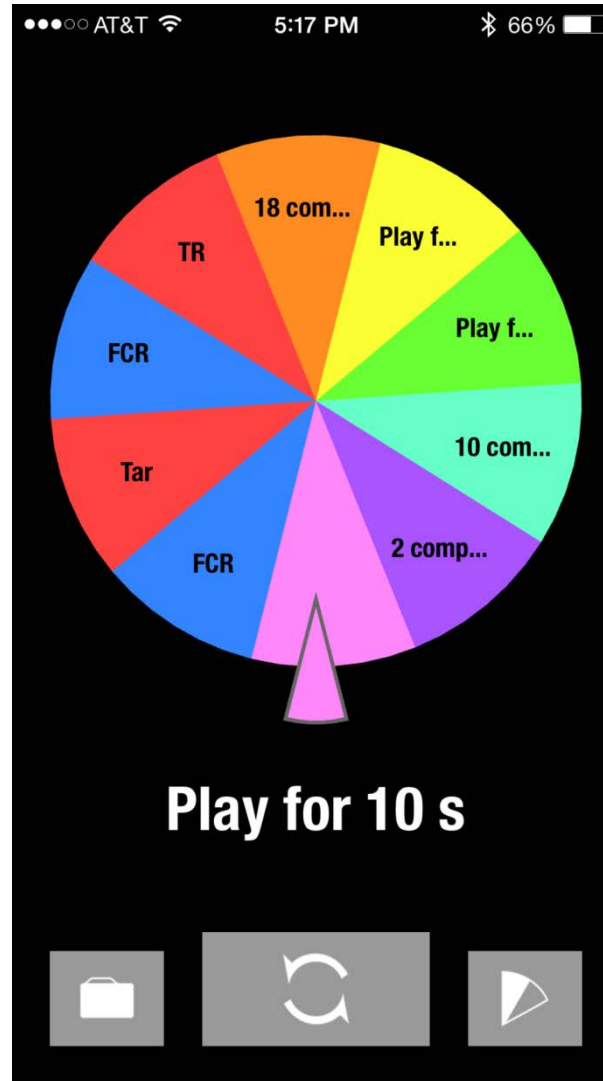# App called "Names in a Hat"

App called "Roundom"
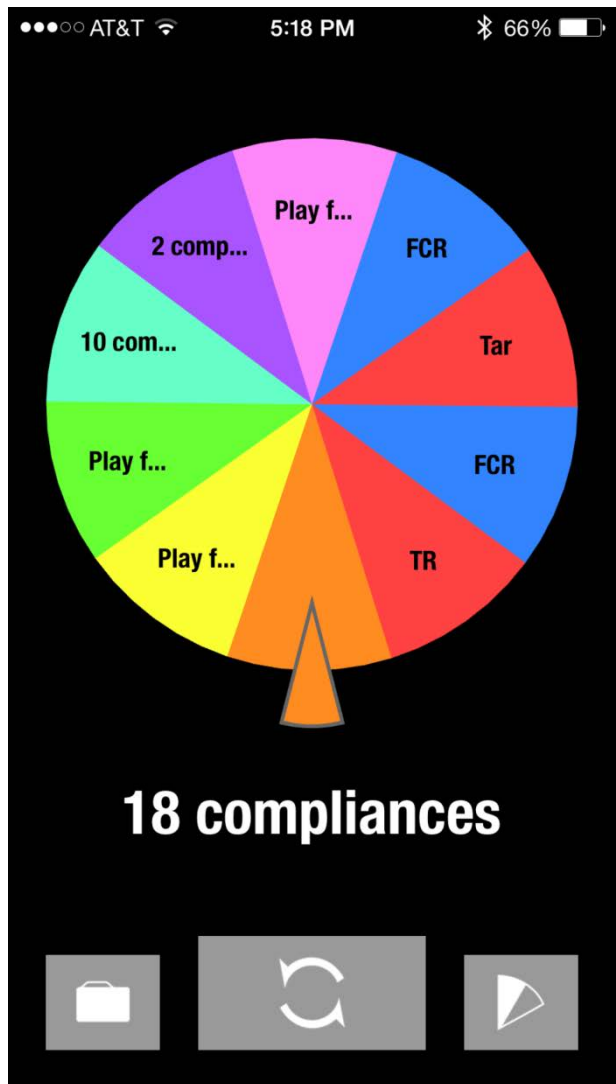
SBT - Brandon

Age: 3

Diagnosis: None

Language Level: Speaks in Short Sentences

Referred for: Aggression, Meltdowns, Noncompliance

CAB
Chaining

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY
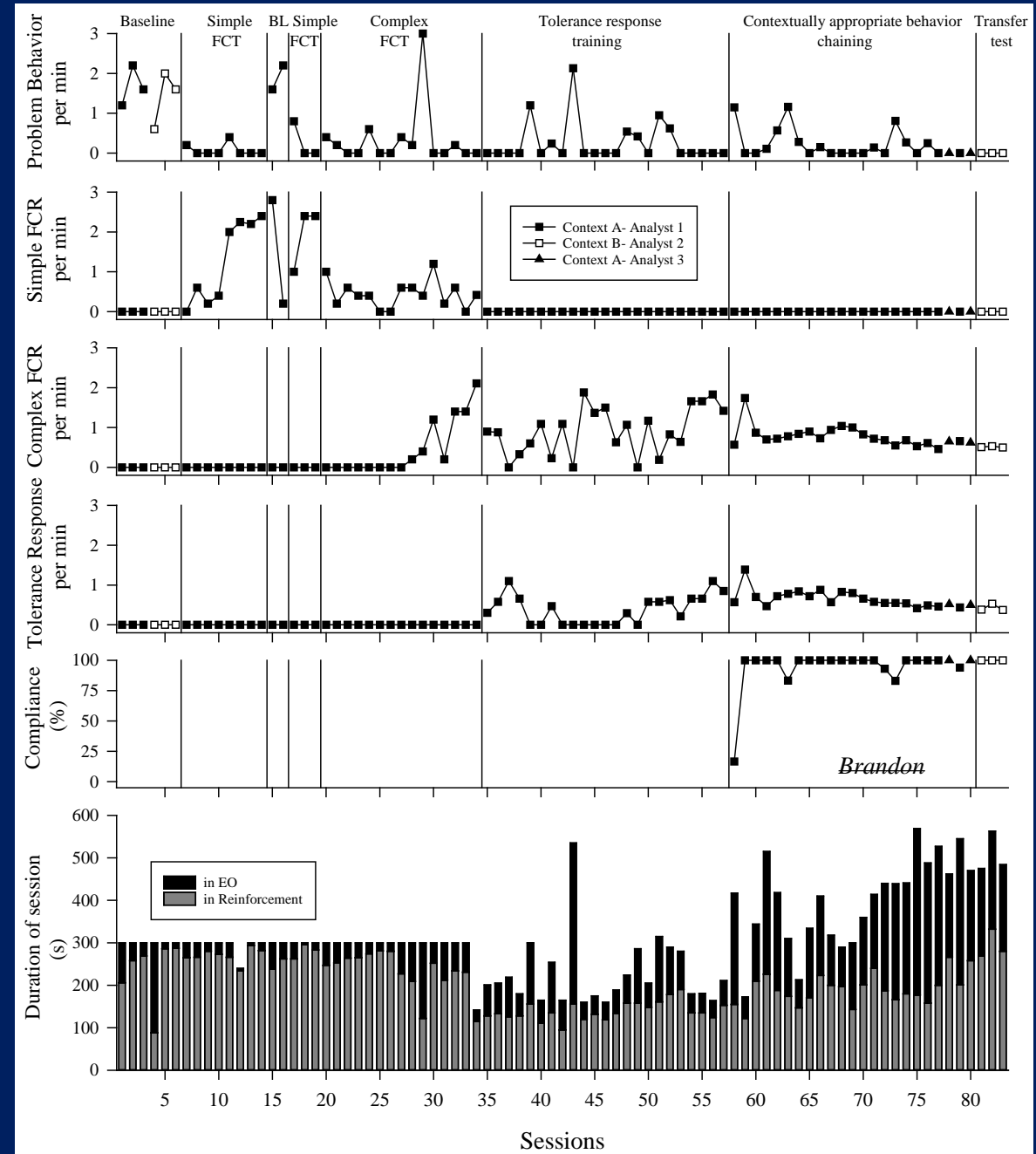
SBT - Luke

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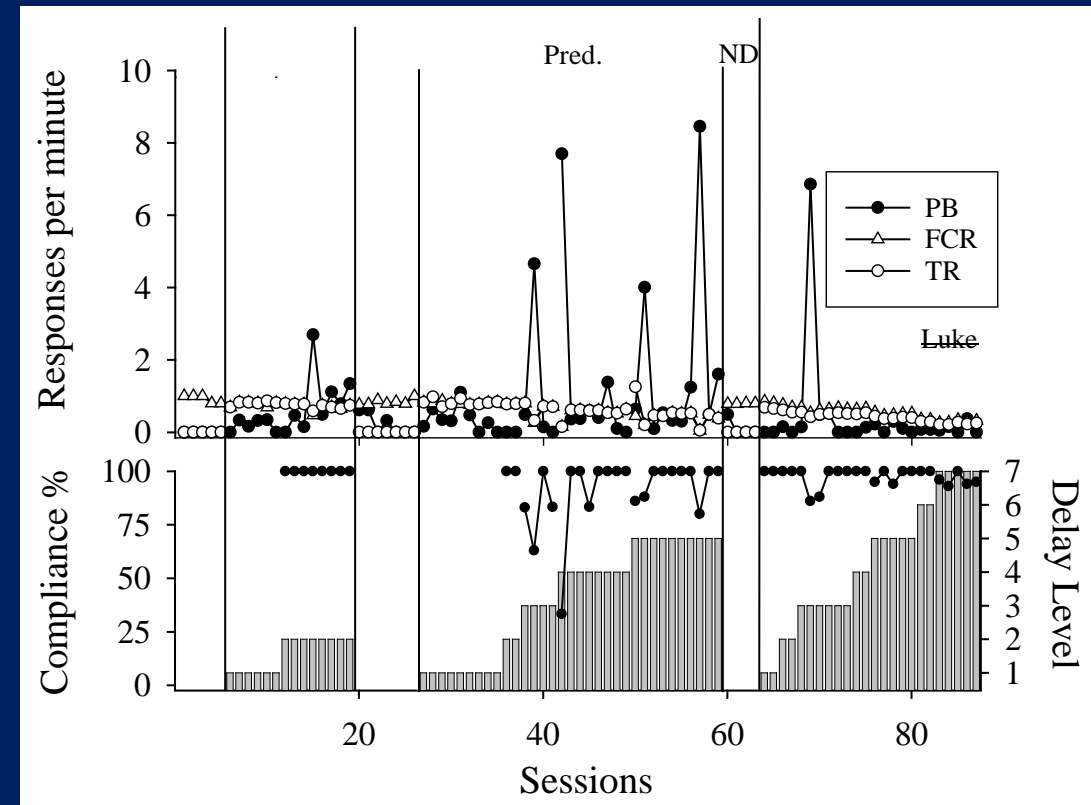
CAB
Chaining

SBT - Diego

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

CAB Chaining
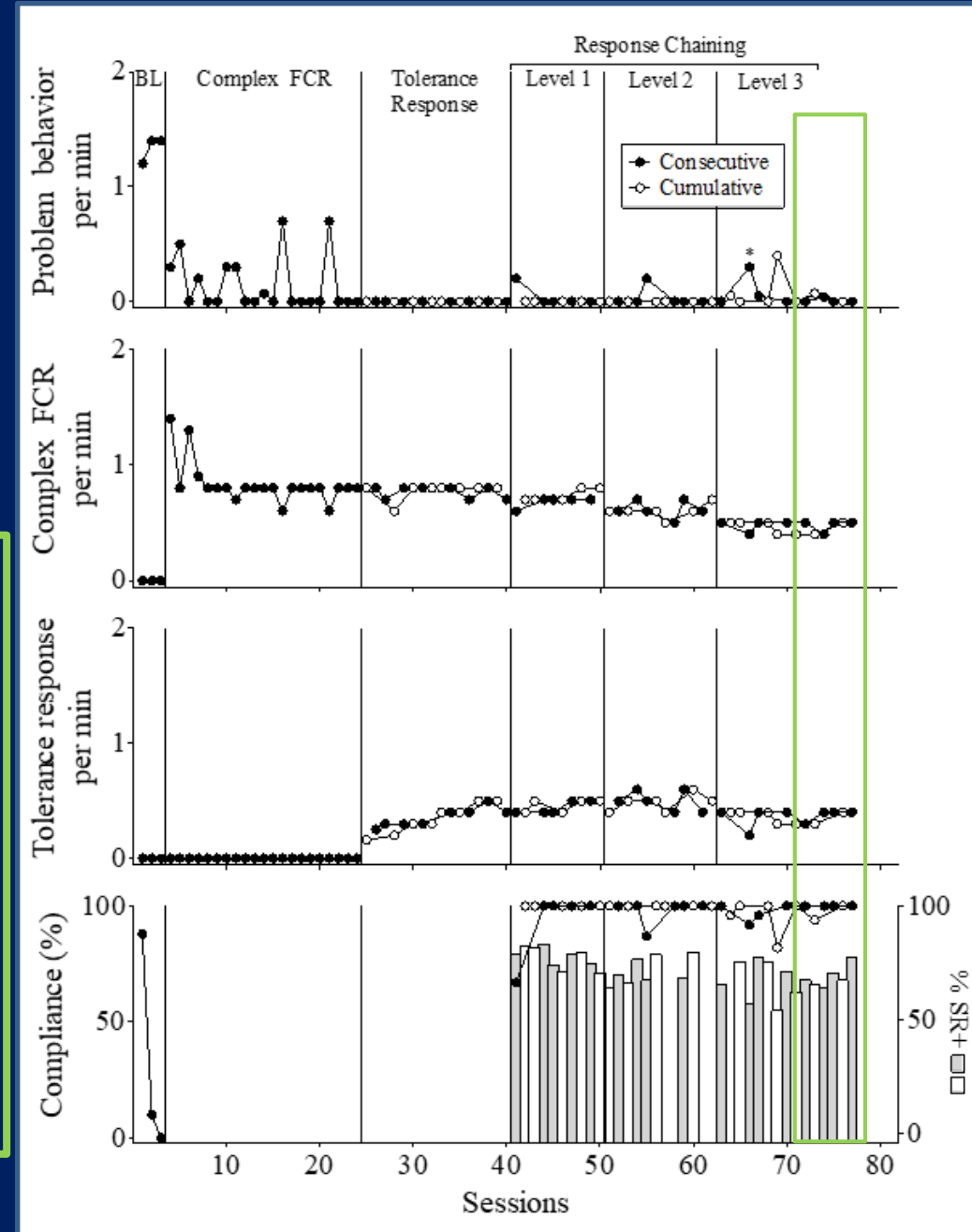
Good alternatives to Full Extinction:

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?

TREATMENT- Jeffrey

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

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY
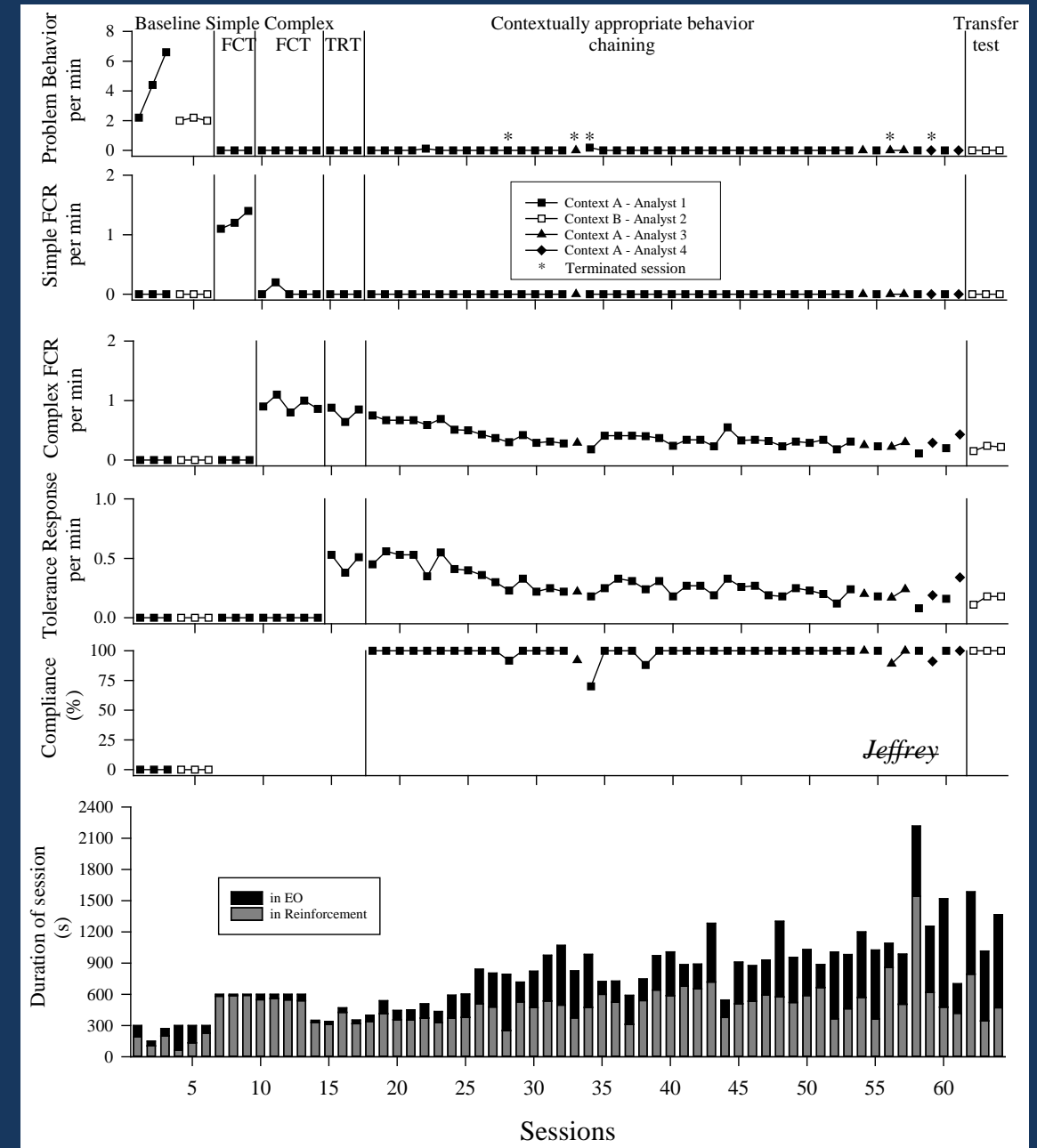
Parent feedback (following transfer to home)

1. Rate the extent to which you are satisfied with the amount of improvement seen in Jacob's problem behavior <u>in our clinic</u>.

          1   2   3   4   5   6   **(7)**

   Not Satisfied   Highly Satisfied

2. Rate the extent to which you <u>are concerned</u> about Jacob's ongoing problem behavior <u>at home</u>.

          1   2   3   4   5   6   **(7)**

   Not Concerned   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.

          1   2   3   4   5   6   **(7)**

   Not helpful   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.

          1   2   3   4   5   6   **(7)**

   Not Confident   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?

         1   2   3   ④   5   6   ~~7~~

       Not comfortable   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)

         1   2   3   4   5   6   ⑦

       Not comfortable   Very comfortable

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

         ①   2   3   4   5   6   7

       Not comfortable   Very comfortable

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

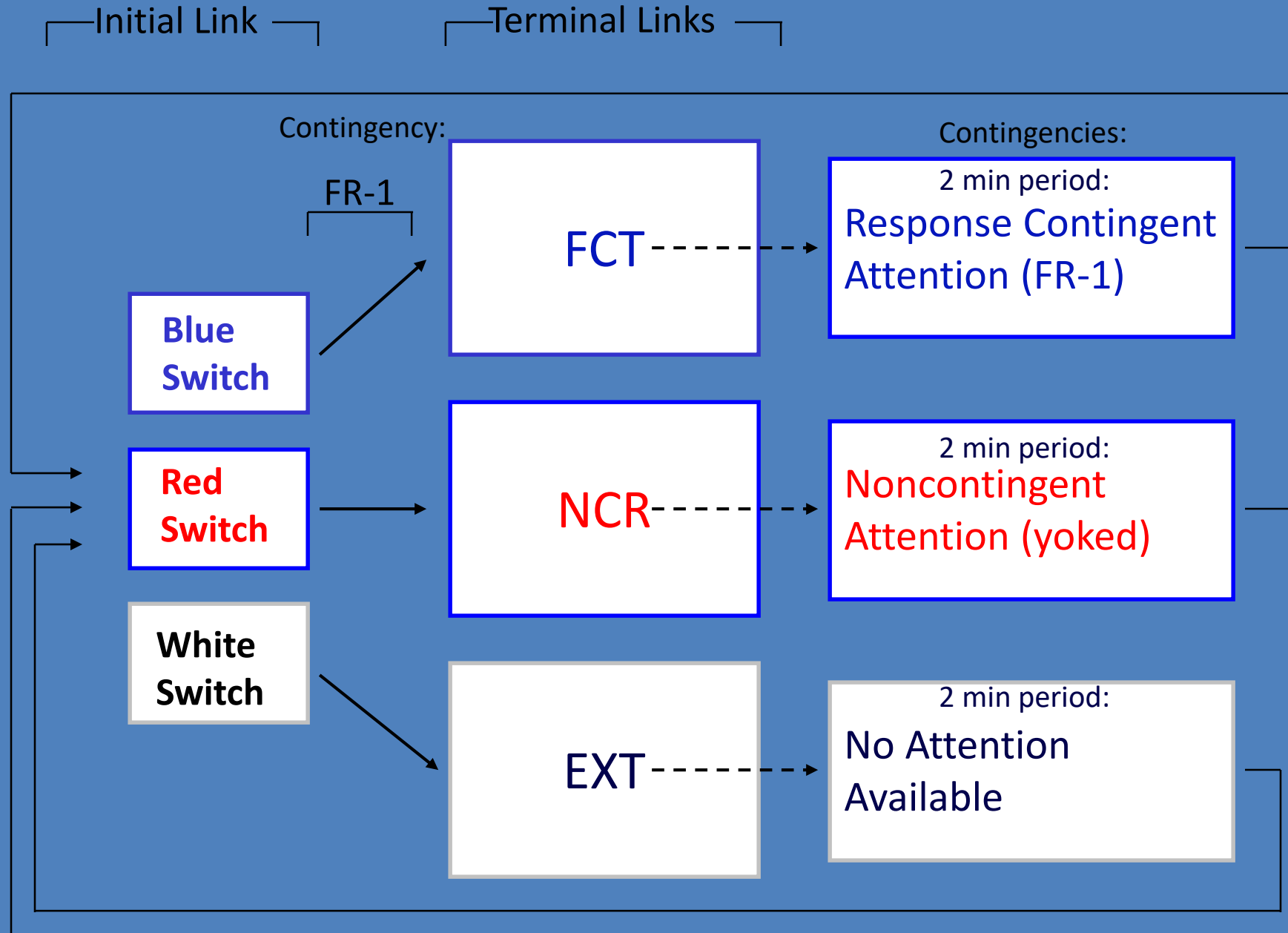   1   2   3   4   5   6   ⑦

       Not comfortable   Very comfortable

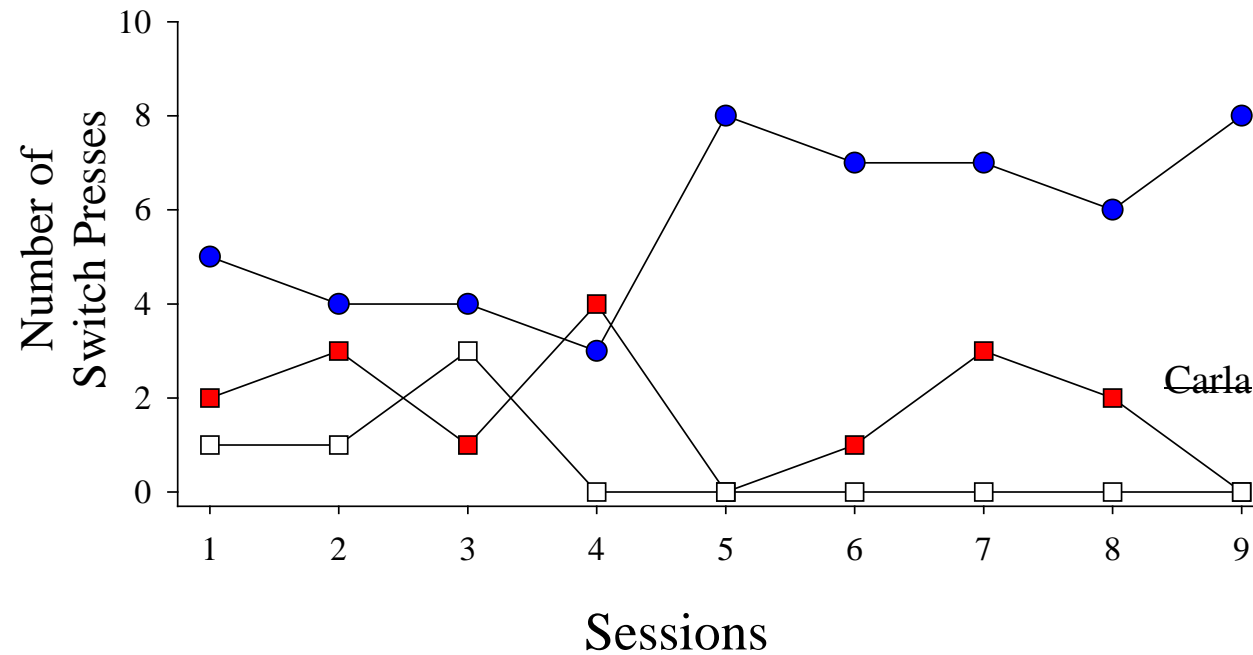# Why would children choose to participate in treatment?

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

Contingency:

Contingencies:

FR-1

Blue Switch

FCT

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

Red Switch

NCR

2 min period:
Noncontingent Attention (yoked)

White Switch

EXT

2 min period:
No Attention Available

Preference for contingent over noncontingent reinforcement
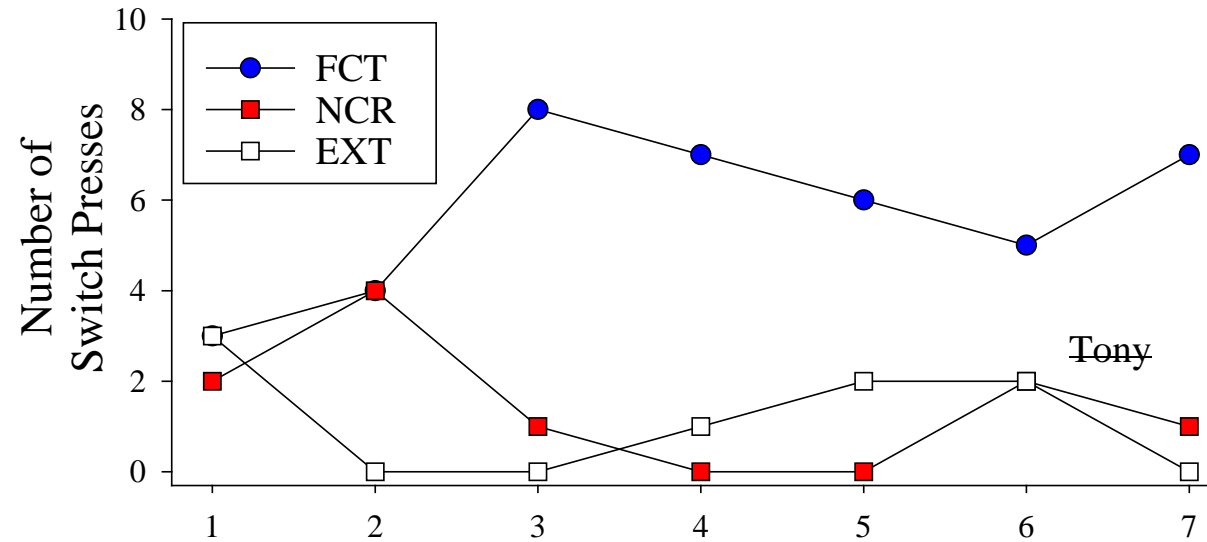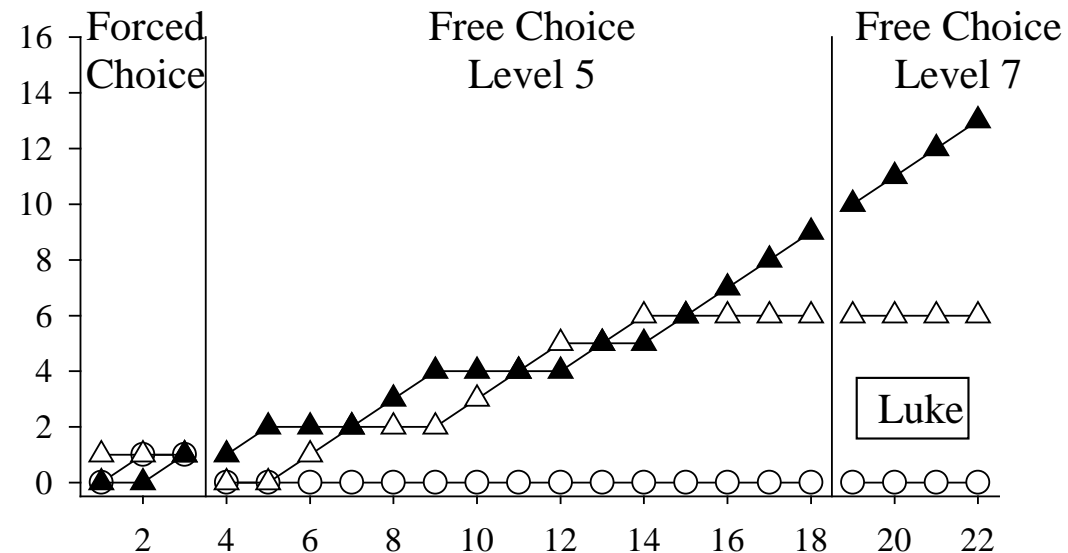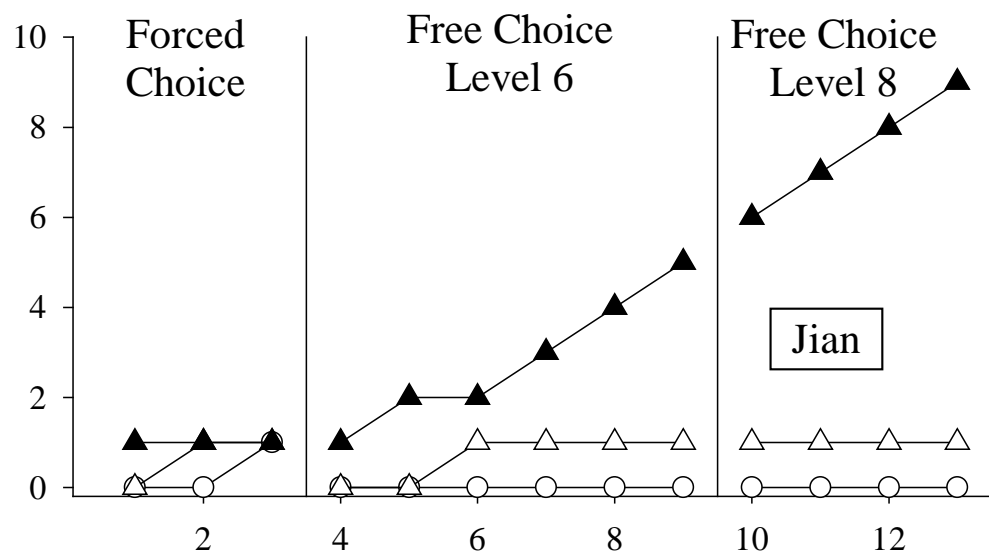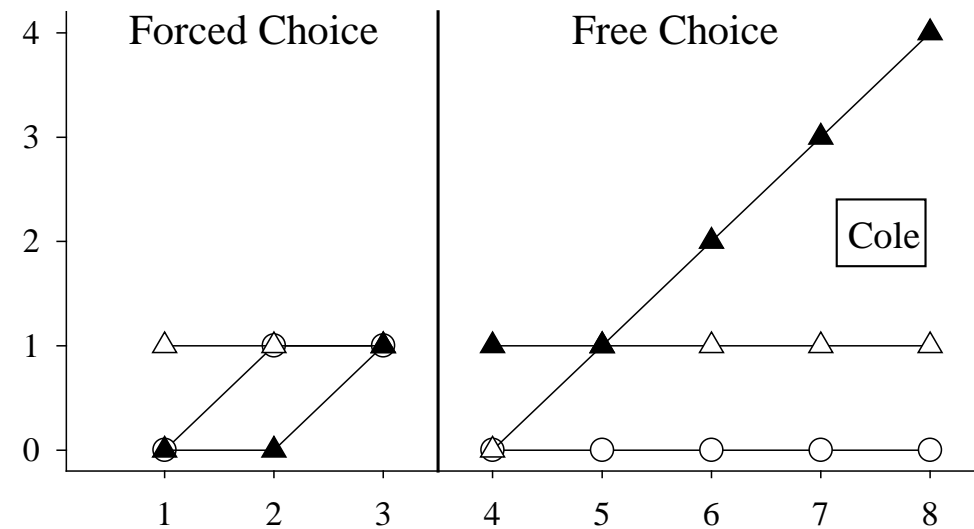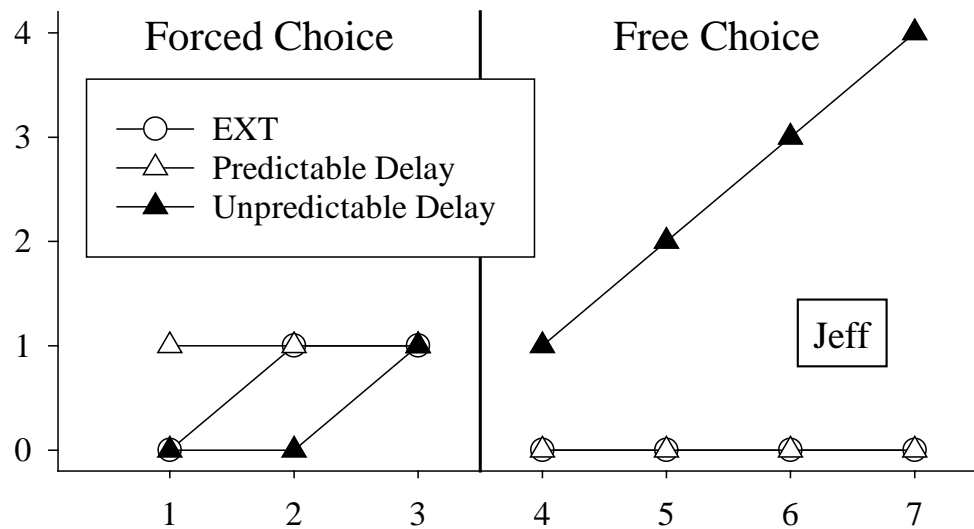
Treatment Review

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 <u>all</u> reinforcers*

- ✓ The first communication response taught is referred to as the *Simple Functional Communication Response (sFCR)*

- ✓ <u>The key features of an sFCR</u>:
    - Simple   (Horner & Day, 1991)
    - Novel   (Derby et al., 1998)
    - Omnibus ("My way")   (Hanley et al., 2014)
    - Can be effectively prompted

- ✓ <u>The key features of initial teaching</u>:
    - Prompt SFC prior to full introduction of EO   (Ward et al., 2018)
        - Base on within-session results of IISCA
    - Prompt response immediately and after problem behavior

                                                                     (Landa et al., 2018)

✓ 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

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY

FCT – Raj

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

LIFE SKILLS CLINIC
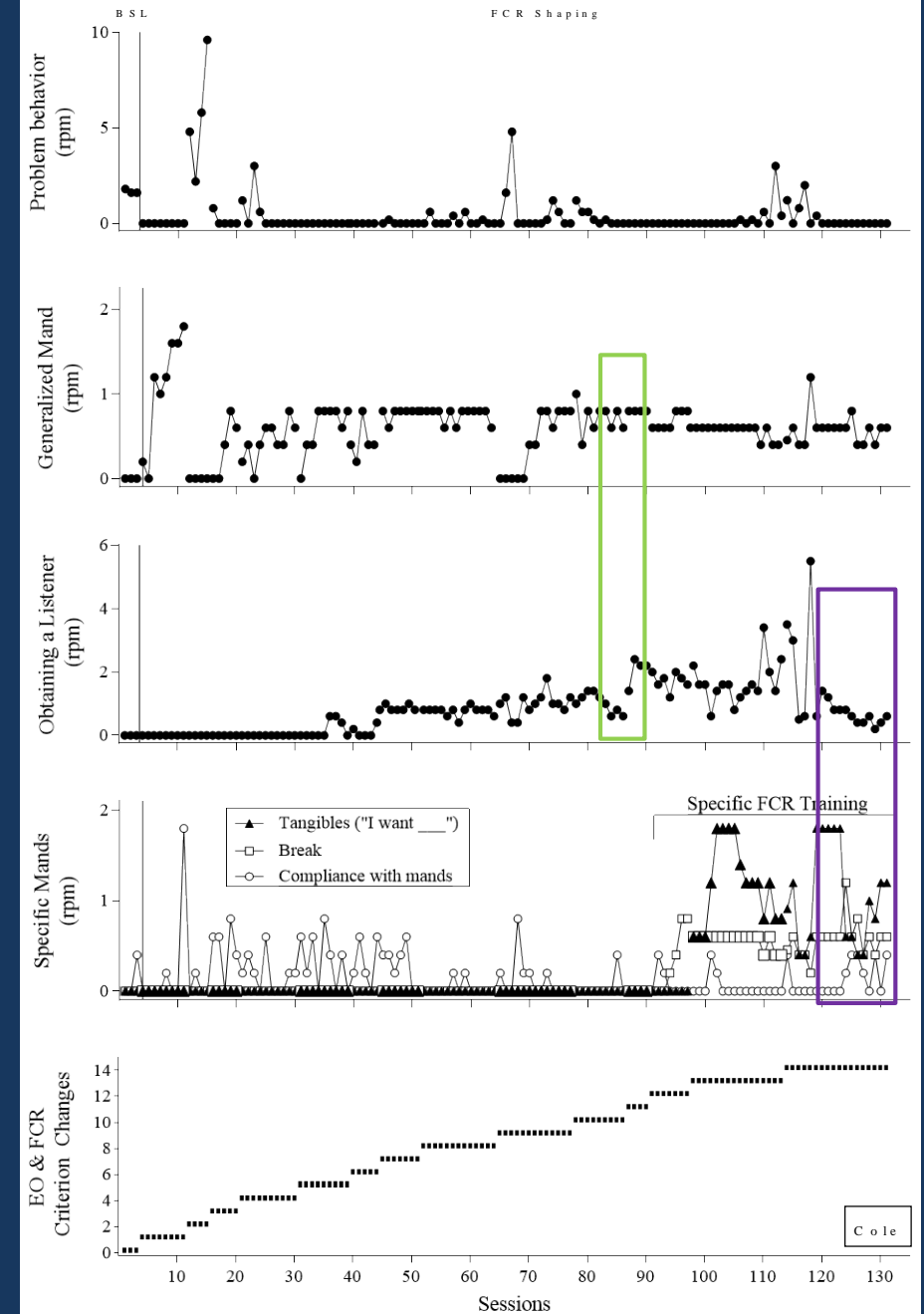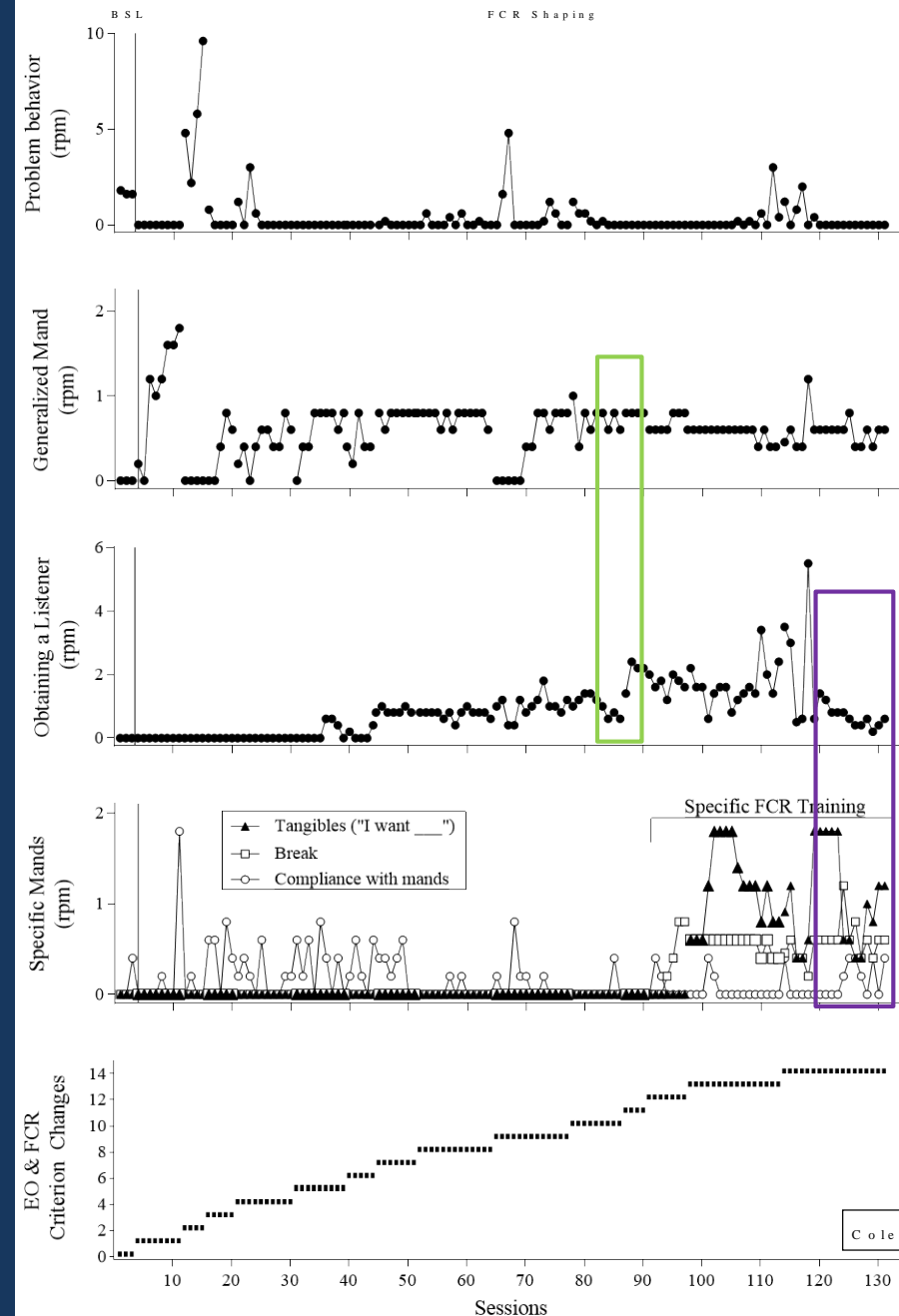AT WESTERN NEW ENGLAND UNIVERSITY
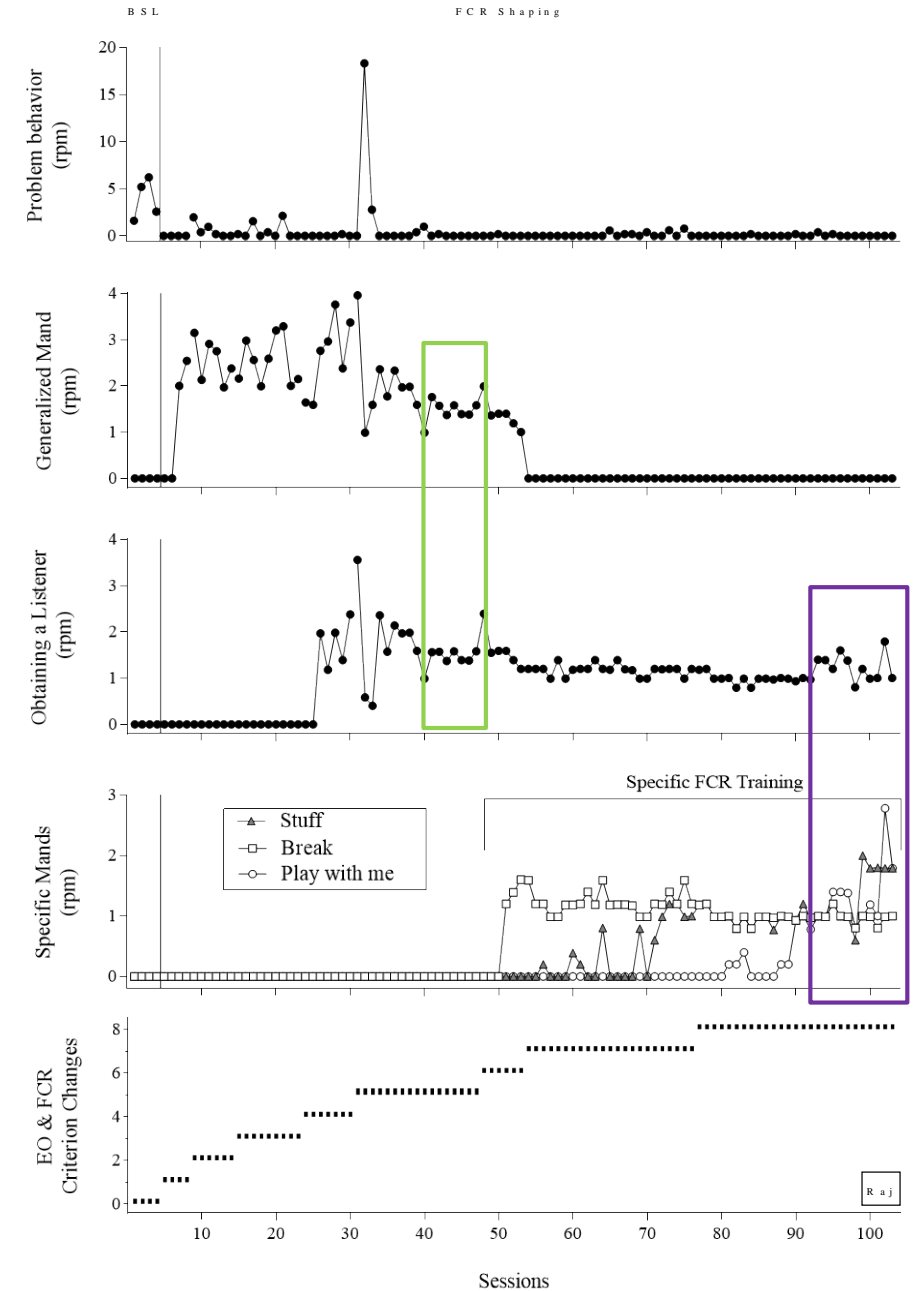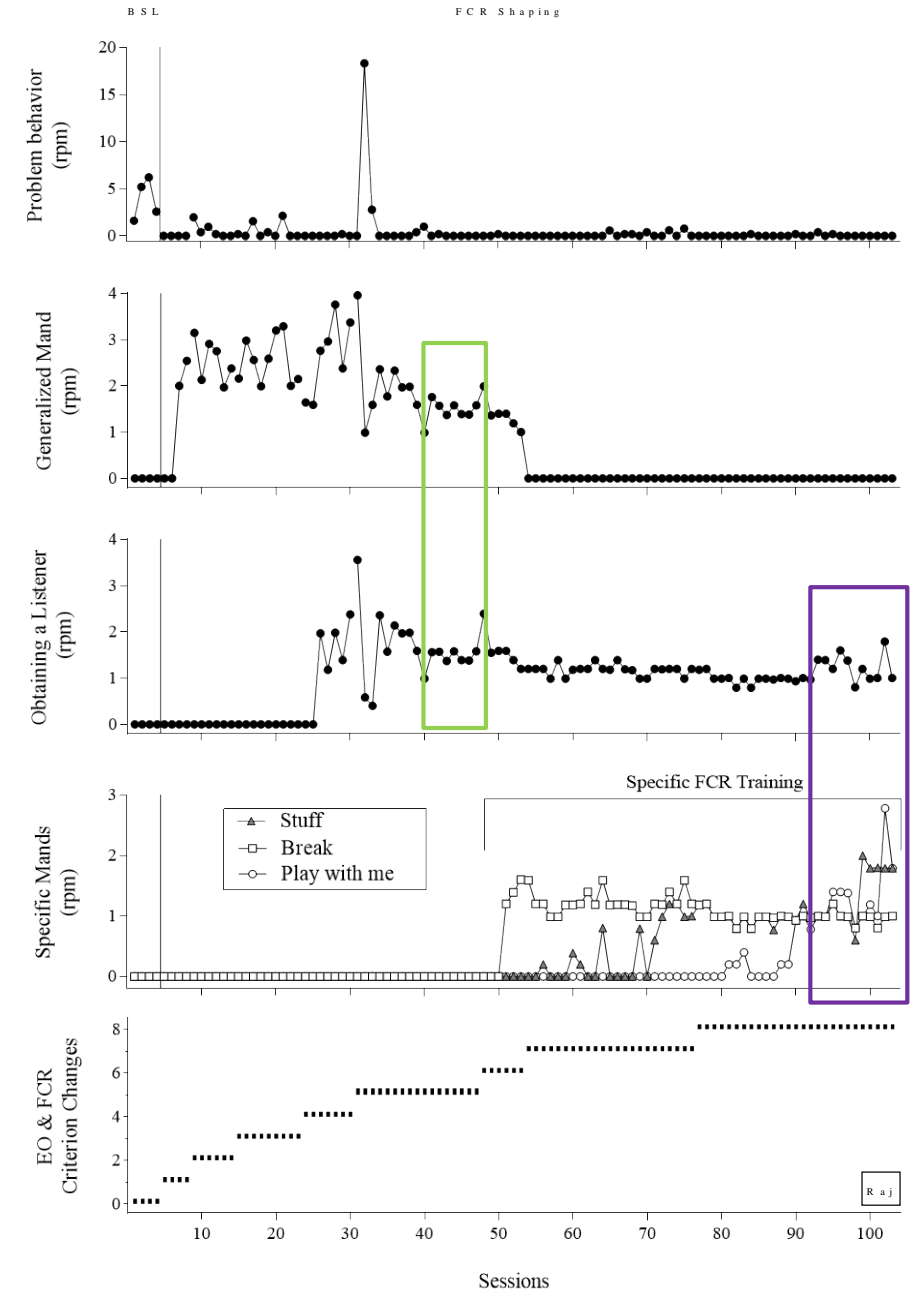
FCT – Cole

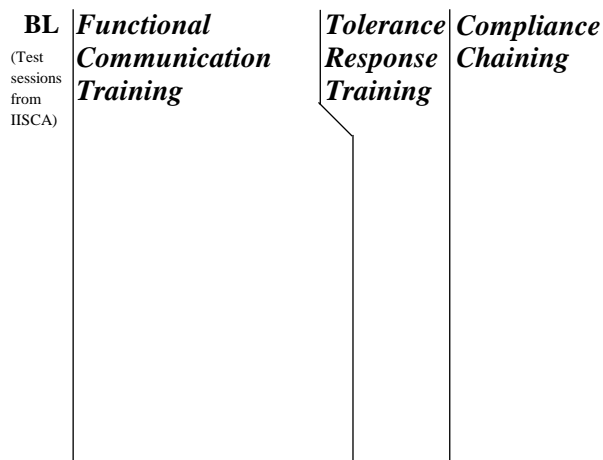Age: 8 Diagnosis: Autism Language Level: Fully Fluent Speech
Referred for: Self-Injury, Aggression, Property Destruction

FCT – Cole

Age: 8 Diagnosis: Autism Language Level: Fully Fluent Speech
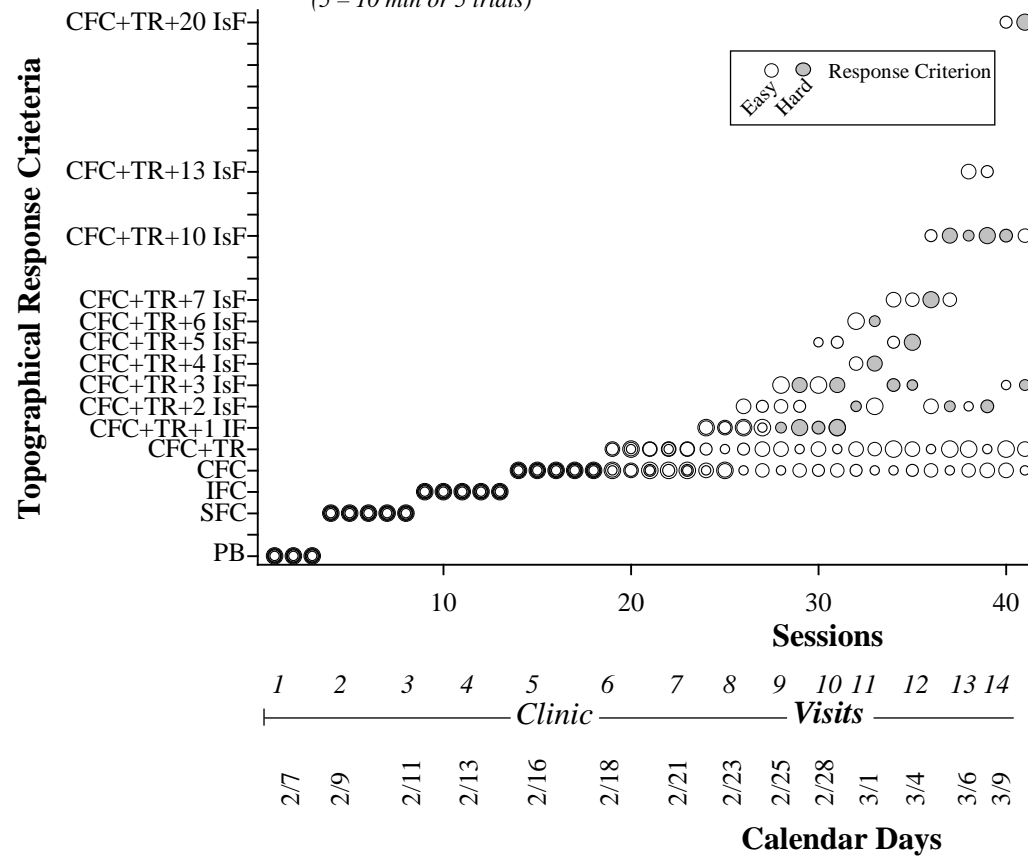Referred for: Self-Injury, Aggression, Property Destruction

BL (Test sessions from IISCA) | *Functional Communication Training* | *Tolerance Response Training* | *Compliance Chaining*

Experts Implementing In Practice Contexts During Short Sessions (5 – 10 min or 5 trials)

Topographical Response Crieteria

- CFC+TR+20 IsF
- CFC+TR+13 IsF
- CFC+TR+10 IsF
- CFC+TR+7 IsF
- CFC+TR+6 IsF
- CFC+TR+5 IsF
- CFC+TR+4 IsF
- CFC+TR+3 IsF
- CFC+TR+2 IsF
- CFC+TR+1 IF
- CFC+TR
- CFC
- IFC
- SFC
- PB

Response Criterion — Easy / Hard

Sessions 10 20 30 40

Clinic — *Visits*
1 2 3 4 5 6 7 8 9 10 11 12 13 14

2/7 2/9 2/11 2/13 2/16 2/18 2/21 2/23 2/25 2/28 3/1 3/4 3/6 3/9

Calendar Days

Important TIPS

1. Always provide <u>immediate sr for some</u> FCRs

2. Teach <u>an appropriate response</u> to cues of delay, denial, or disappointment

3. **Progressively increase the average <u>amount of *behavior*</u> (not just time) required to terminate the delay**

4. **Terminate the delay for <u>various</u> amounts of behavior (sometimes expect very little behavior sometimes request larger or more complex types of behavior during the delay)**

5. Probably <u>best to not signal</u> how much behavior is required to terminate the delays
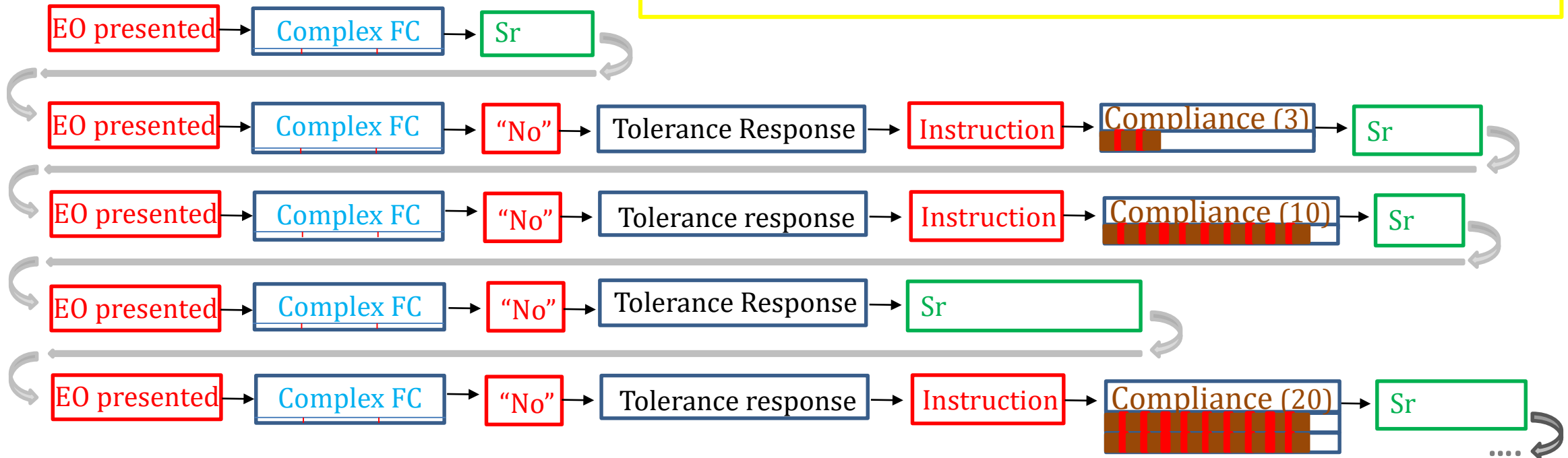
EO presented → Complex FC → Sr

EO presented → Complex FC → "No" → Tolerance Response → Instruction → Compliance (3) → Sr

And, non-reinforcement of a response (e.g., a mand) induces another appropriate response (e.g., tolerance response) as opposed to problem behavior

EO presented → Complex FC → Sr

EO presented → Complex FC → "No" → Tolerance Response → Instruction → Compliance (3) → Sr

EO presented → Complex FC → "No" → Tolerance response → Instruction → Compliance (10) → Sr

EO presented → Complex FC → "No" → Tolerance Response → Sr

EO presented → Complex FC → "No" → Tolerance response → Instruction → Compliance (20) → Sr

....

✓ The average chain length is progressively increased, but communication, toleration, and short/unexpected compliance chains are reinforced sometimes, even at the end of treatment
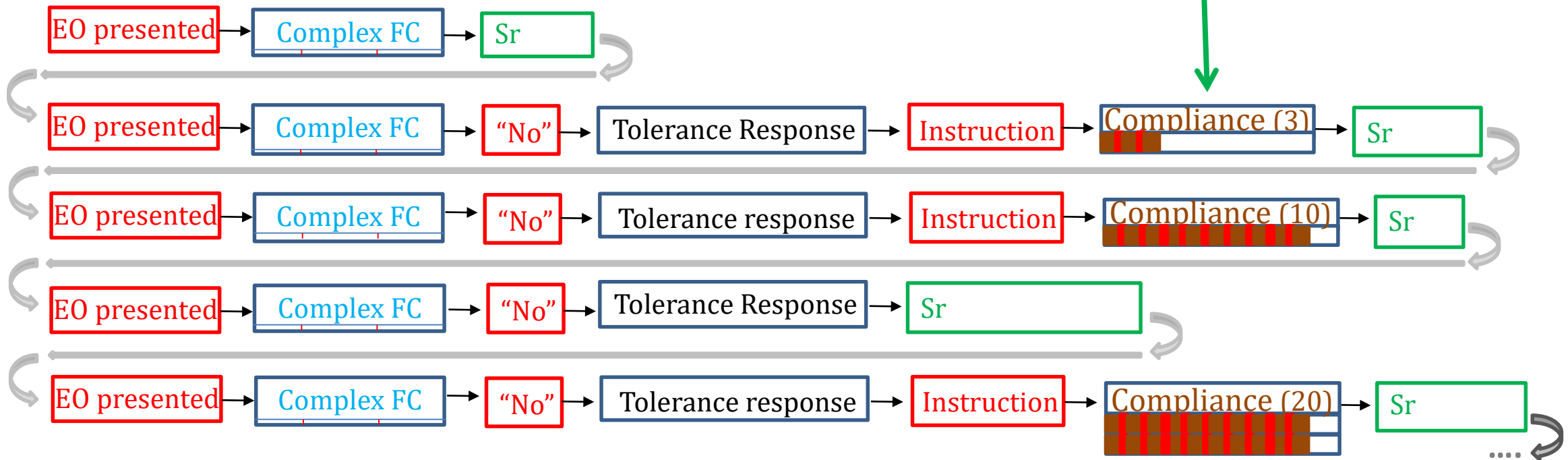
Shorties never go away.

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)*

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

Parent Training – Jake (with Mother)

Age: 7 Diagnosis: None Language Level: Fully fluent speech
Referred for: Property destruction
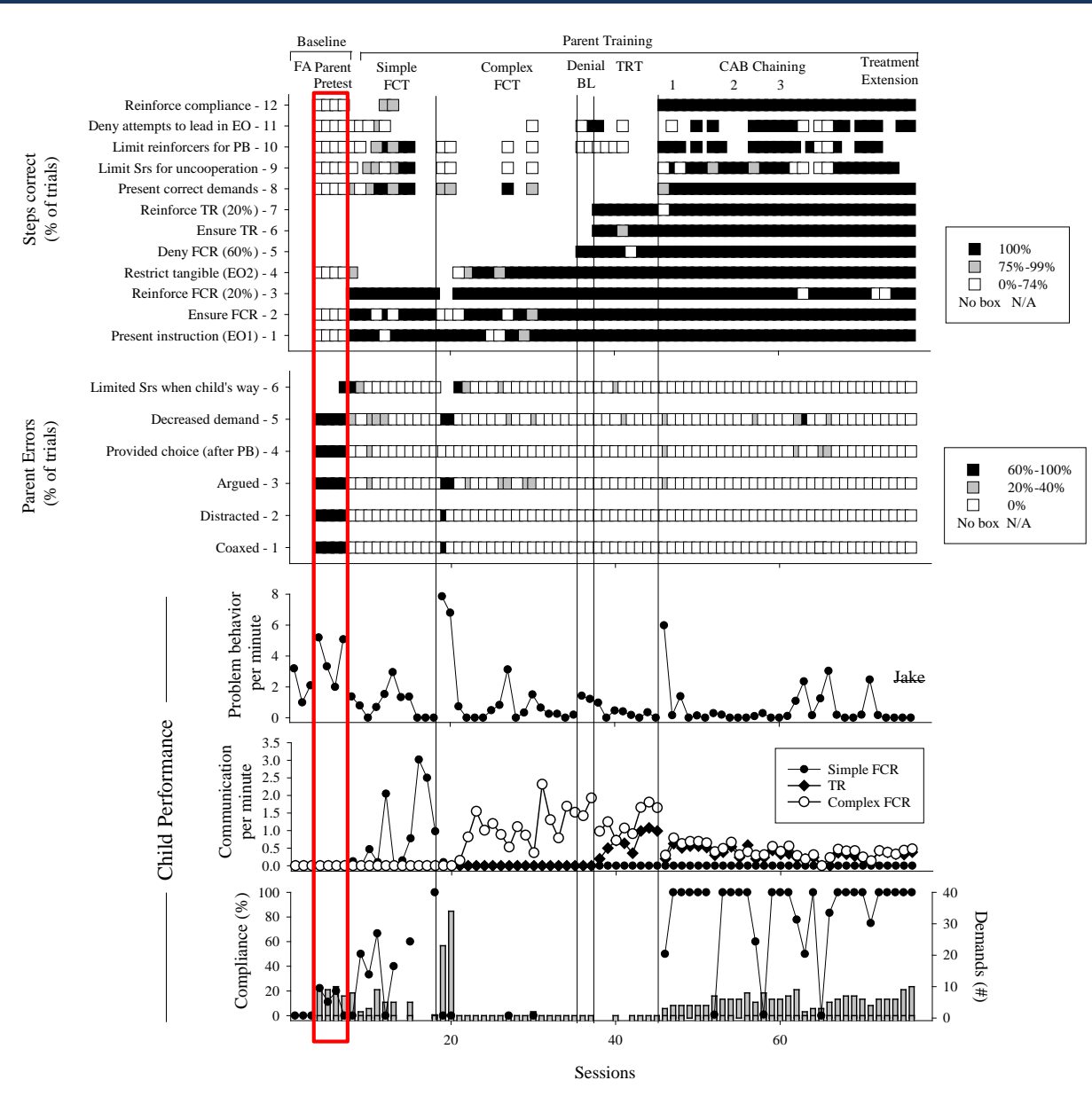
Parent pretest

Parent Implemented Skill-Based Treatment Data Sheet

Data collector: _____ Date: _____ Session name:_____ Circle one: Primary   IOA_____

Context	Do:	Don't:
Skill-Based Treatment		
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	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)	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)	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
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	J. _____Do not foreshadow which skills will be reinforced or how many demands will need to be completed prior to earning child led time (i.e., keep it unpredictable) K. _____Do not change your plans in response to your child's inappropriate behavior; namely, do not make your expectation easier if problem behavior is occurring (e.g. if your plan was to ask your child to

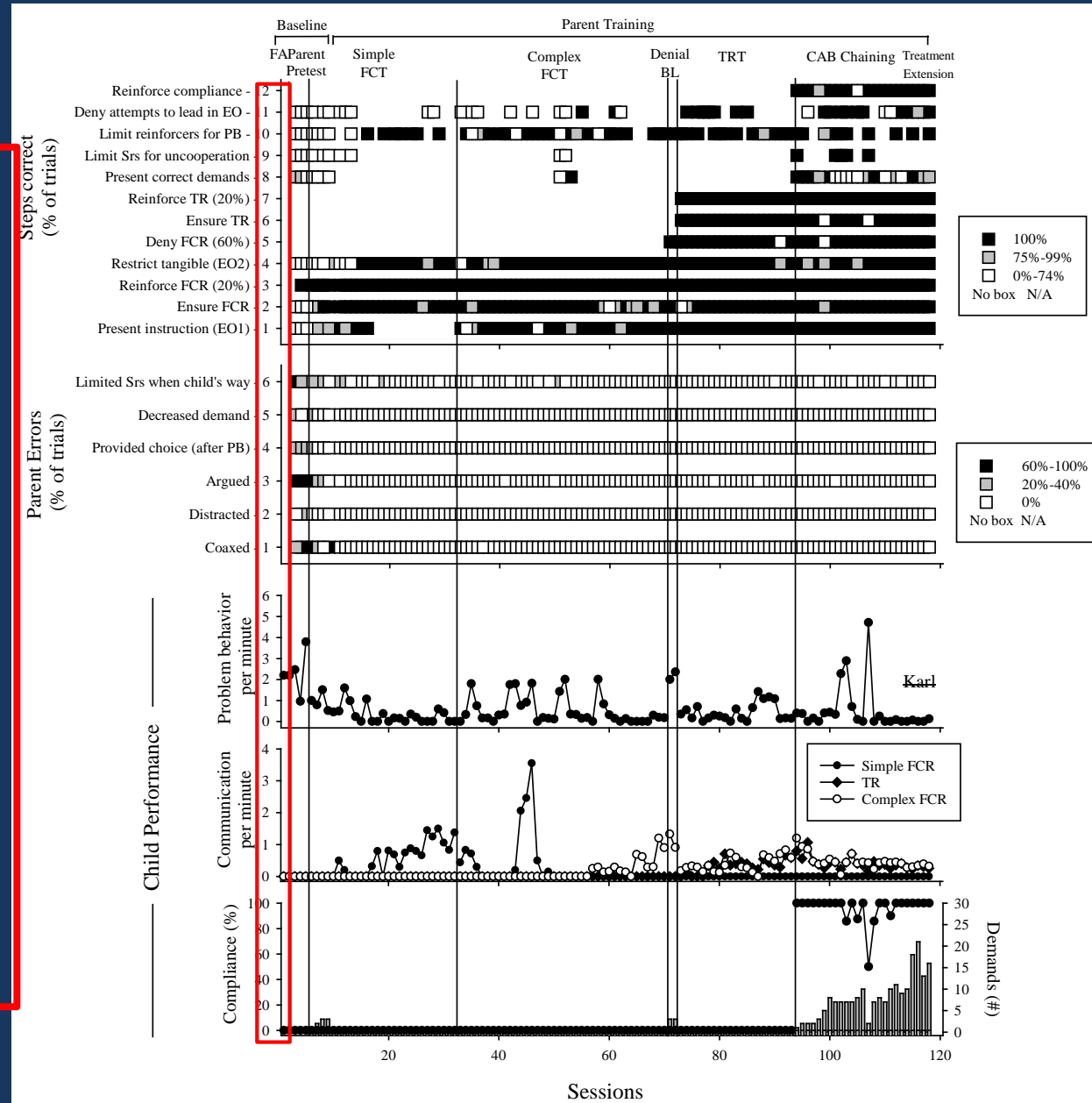# Parent Training – Jake (with Mother)

Age: 7 Diagnosis: None Language Level: Fully fluent speech
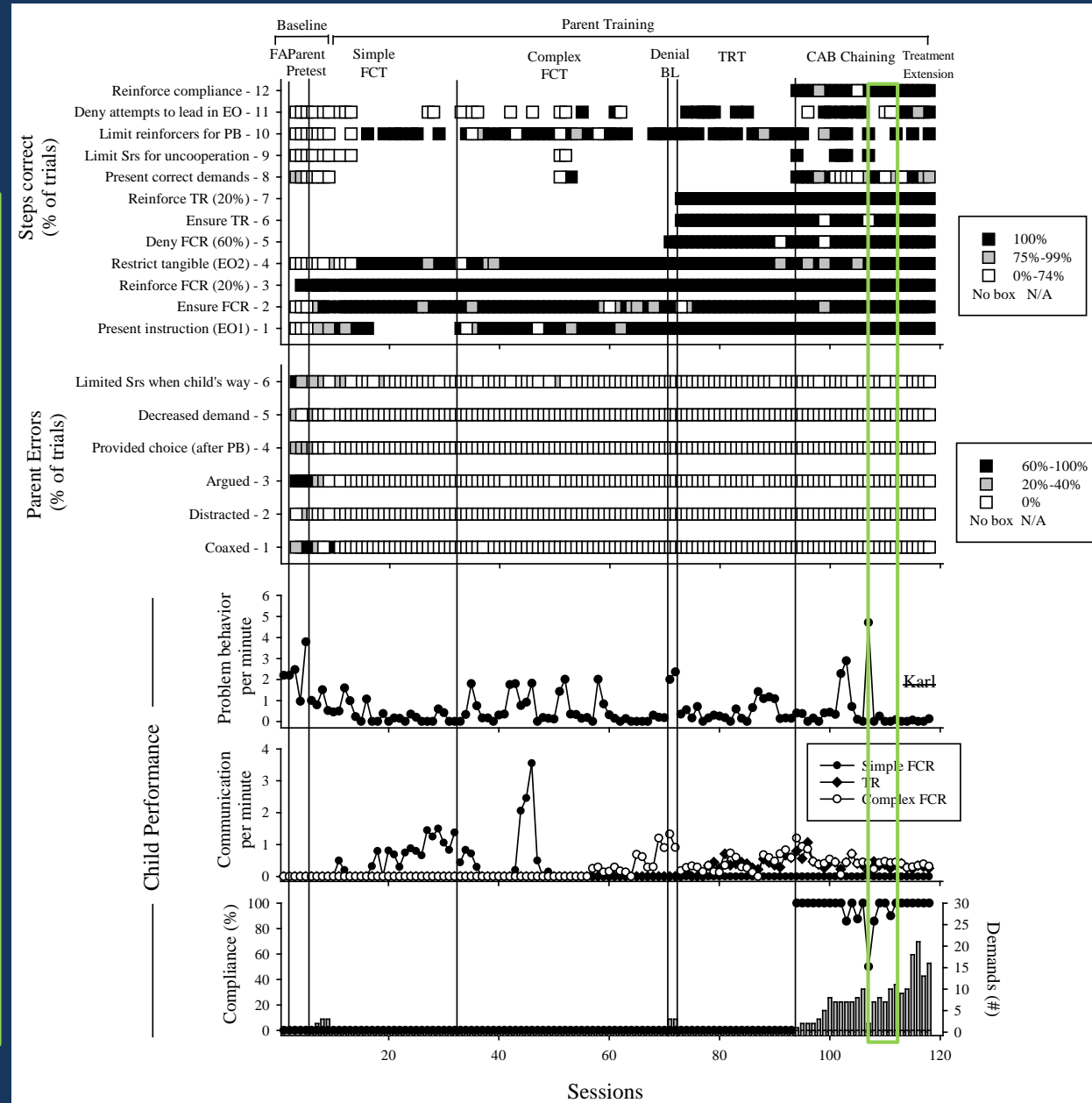Referred for: Property destruction

CAB chaining
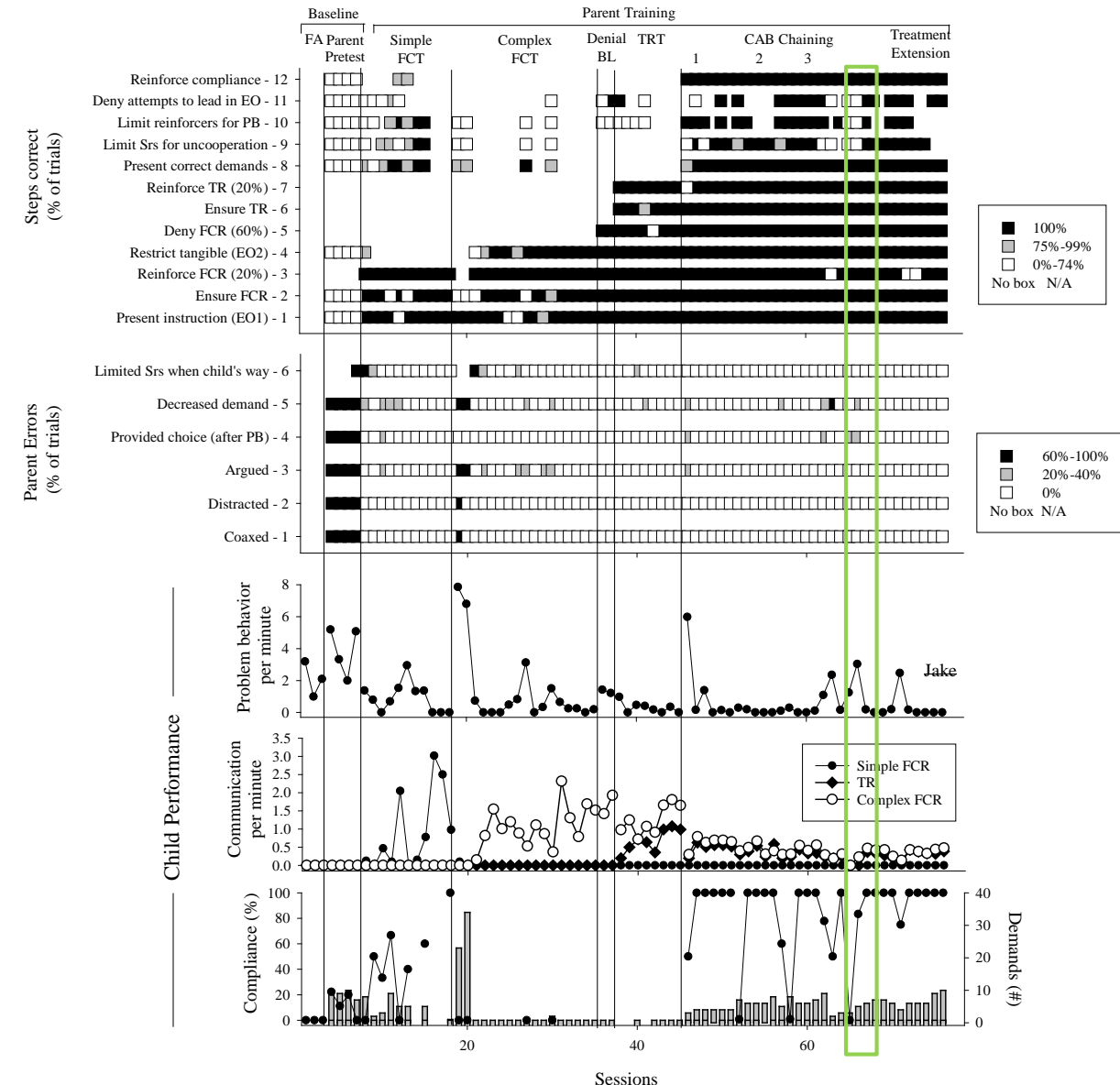
Parent Training – Karl

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

Parent pretest

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY

Parent Training – Karl

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

CAB chaining

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY

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)
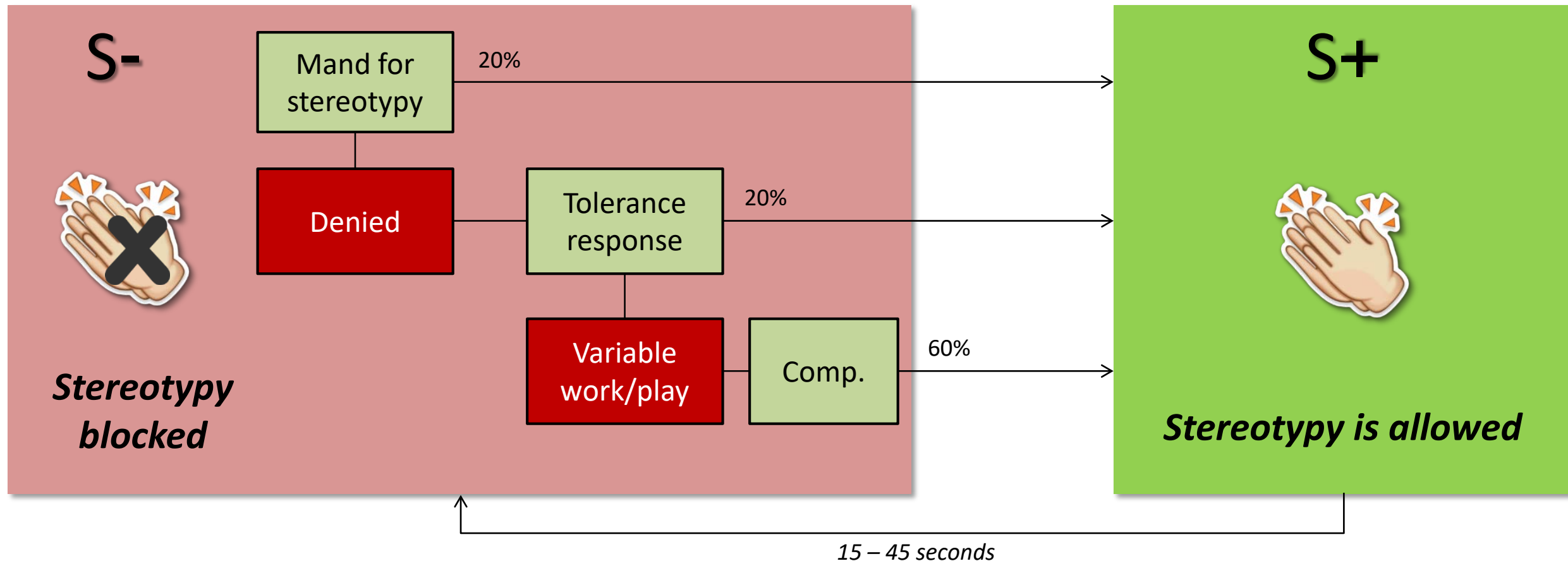
Participants

Name	Age	Diagnosis	Communication	Work tasks
Grant	7	Autism	1-2 word phrases	Numbers, letters, sight words, pictures, matching
Milo	12	Autism	No phrases	Match and identify objects, pictures, numbers, letters; short ADL tasks
Marco	21	Autism	1-3 word phrases	Leisure and time management on iPad

Participants: stereotypy topographies

| Grant	Milo	Marco
• Hand flapping • Finger wiggling • Object flapping • Clapping • Holding objects to eyes and rotating	• Hand flapping • Tapping on teeth • Rubbing or poking face • Finger play • Shaking objects • Tapping work materials	• Pacing or galloping • Jumping • Tapping body, furniture • Hair twirling • Knuckle cracking

Treating Stereotypy - Milo

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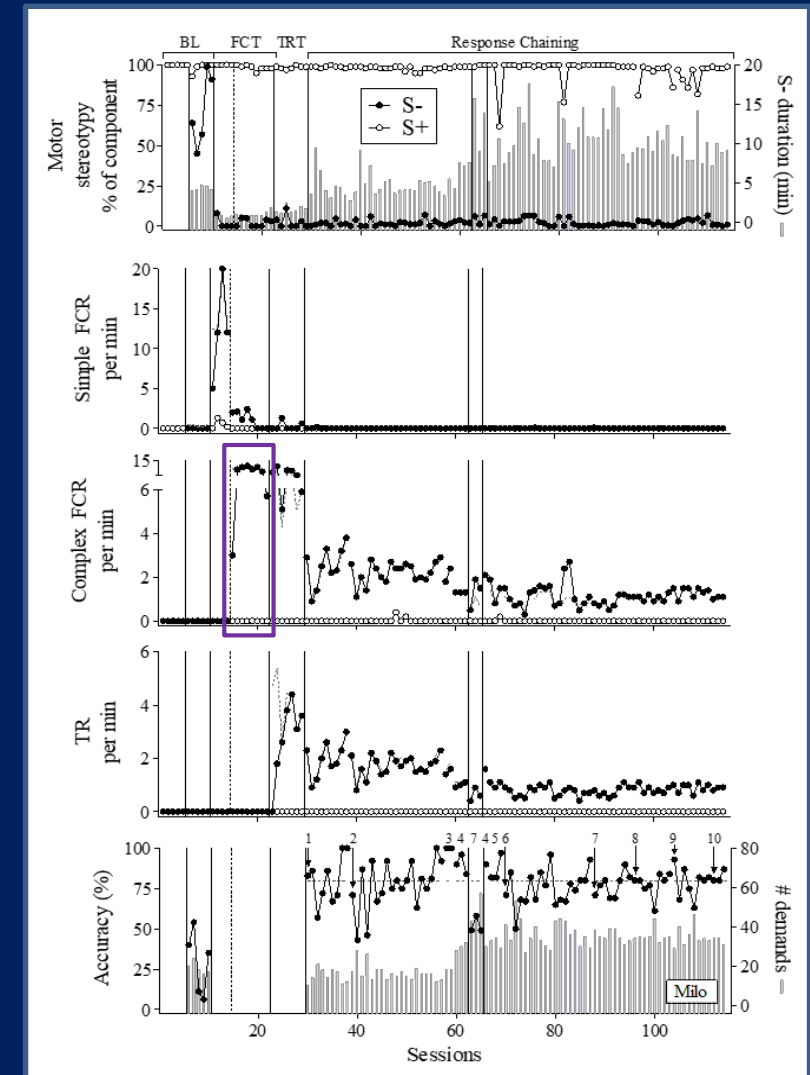- Referred for: Disruptive Stereotypy
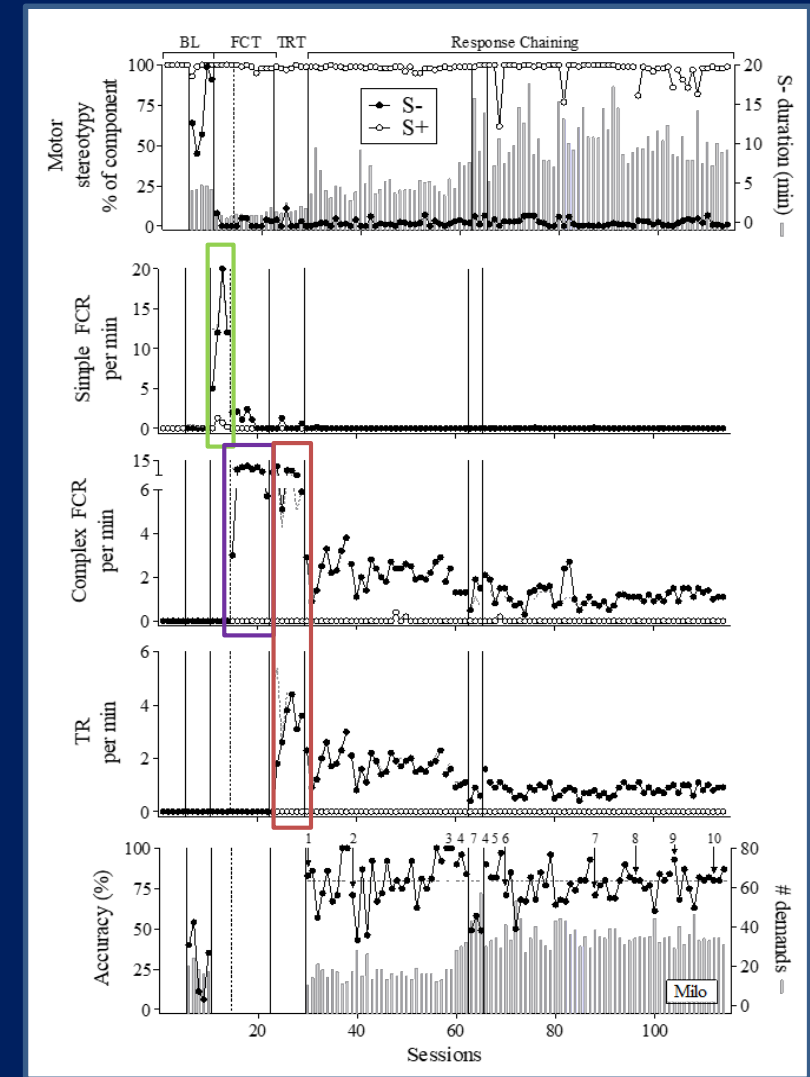
Instructional Baseline
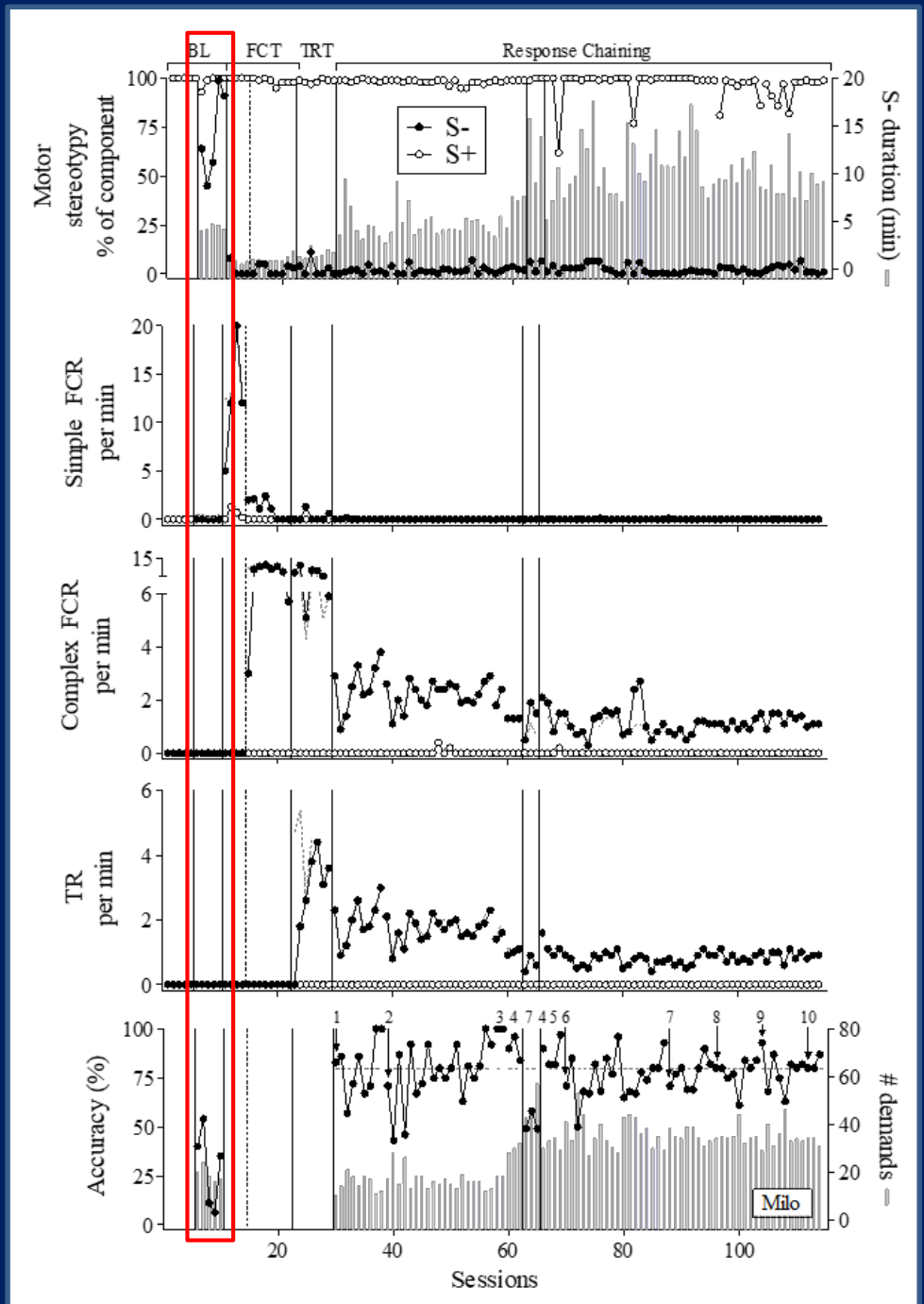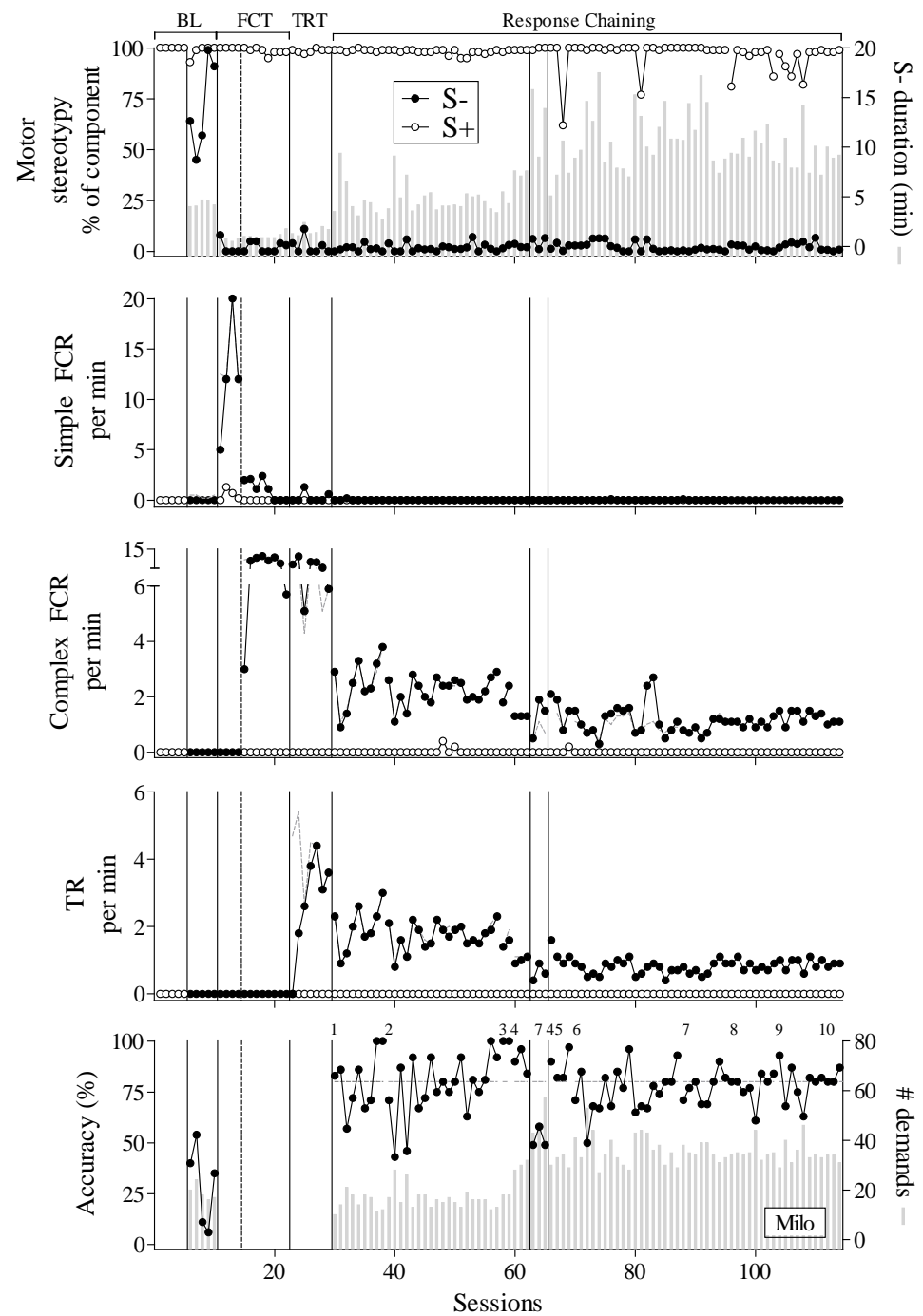
Treating Stereotypy - Milo

Simple FCT

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY

Treating Stereotypy - Milo
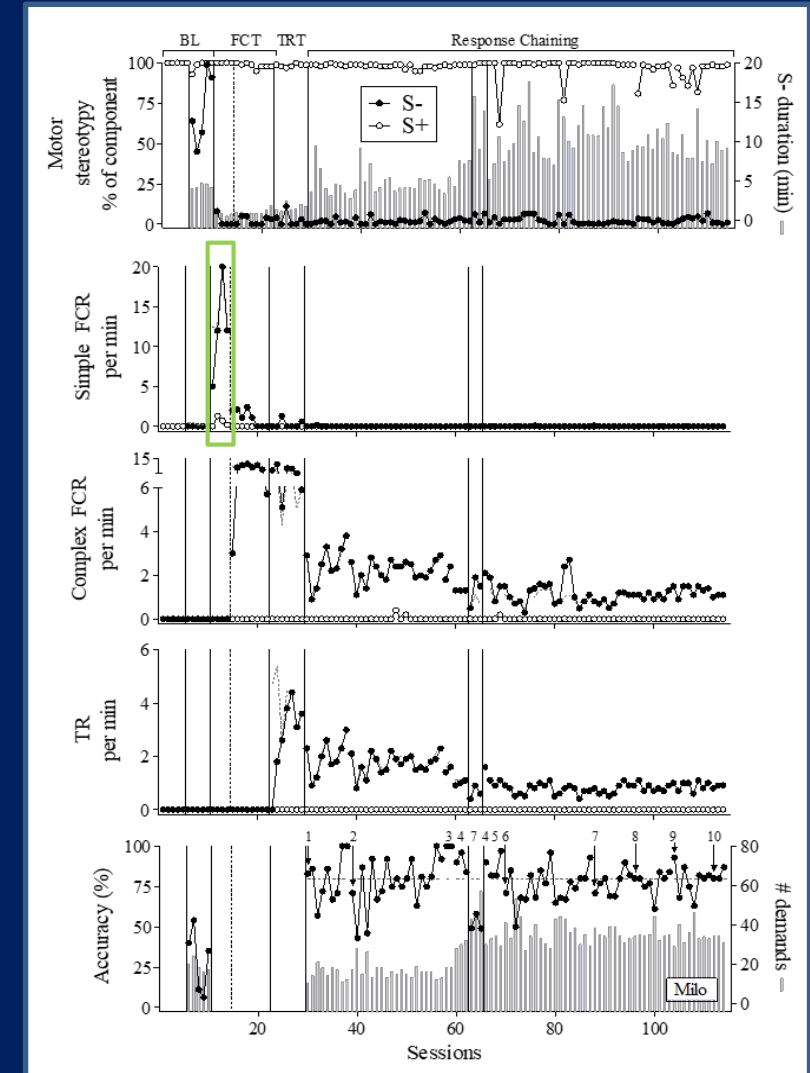
Complex FCT

Treating Stereotypy - Milo

Tolerance Response
Training

LIFE SKILLS CLINIC
AT WESTERN NEW ENGLAND UNIVERSITY

Level	Task	Demand range	Total demands	Field size
1	Match pictures	1 - 3	12	3
2	+Letters, numbers	1 - 3	12	3
3	(Same)	1 - 6	18	3
4	(Same)	1 - 10	27	3
5	(Same)	1 - 10	27	4
6	(Same)	1 - 10	27	5
7	(Same)	1 - 10	27	6
8	+Sort objects	1 - 10	27	6
9	+ADLs	1 - 10	27	6
10	+Identify pictures	1 - 10	27	6

Treating Stereotypy - Milo

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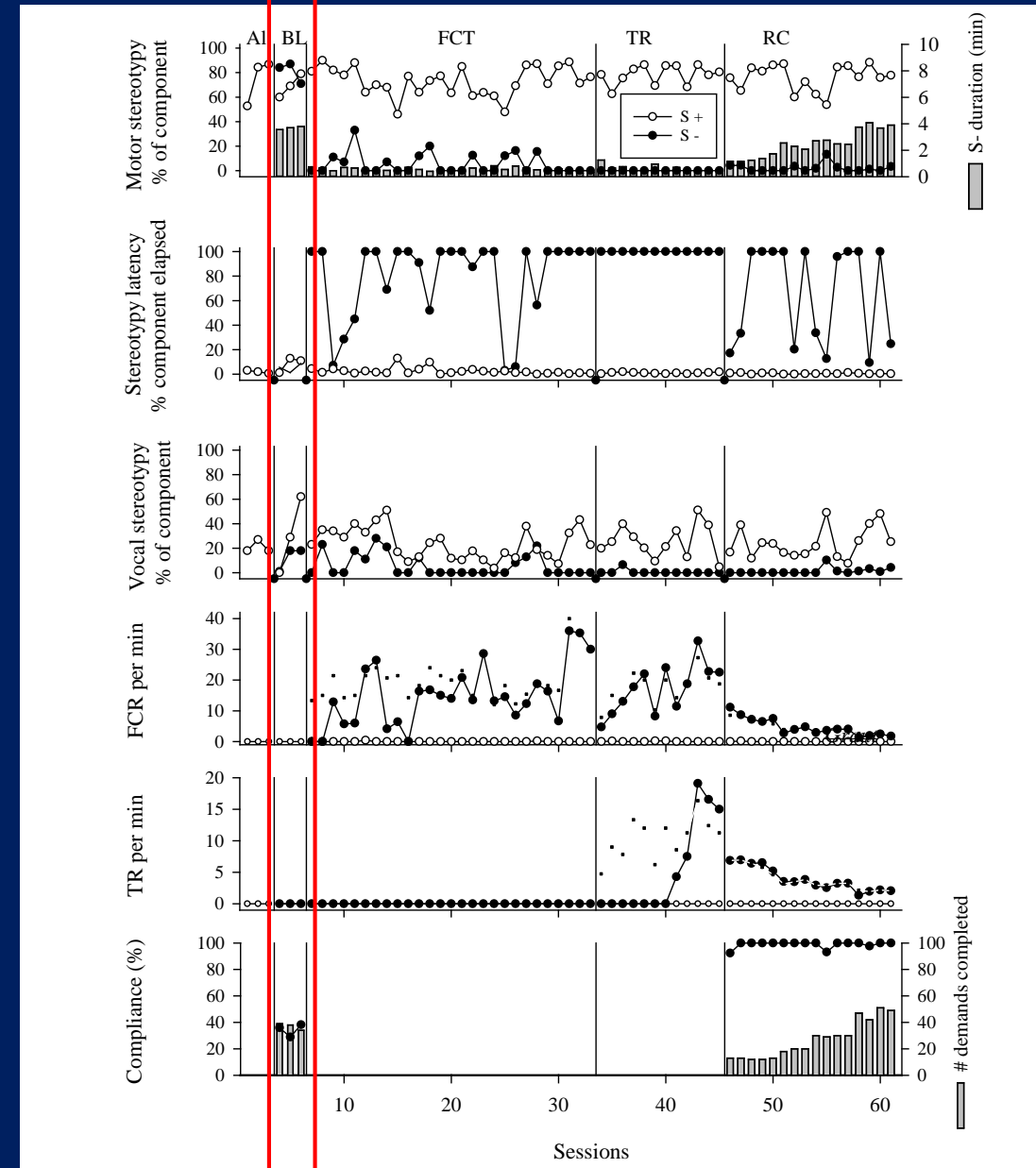- Referred for: Disruptive Stereotypy

CAB Chaining – Accuracy included in contingency
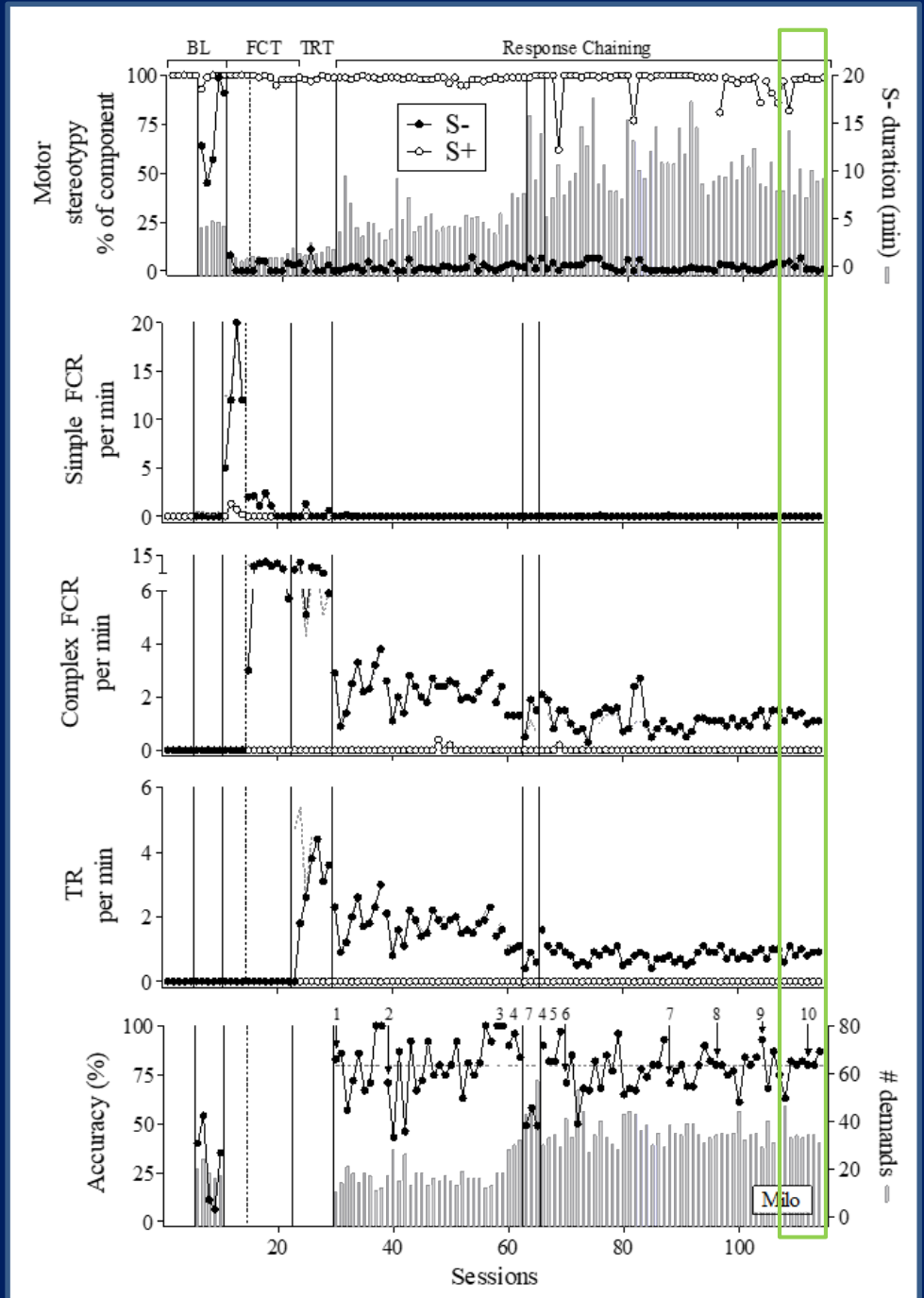
Treating Stereotypy - Grant

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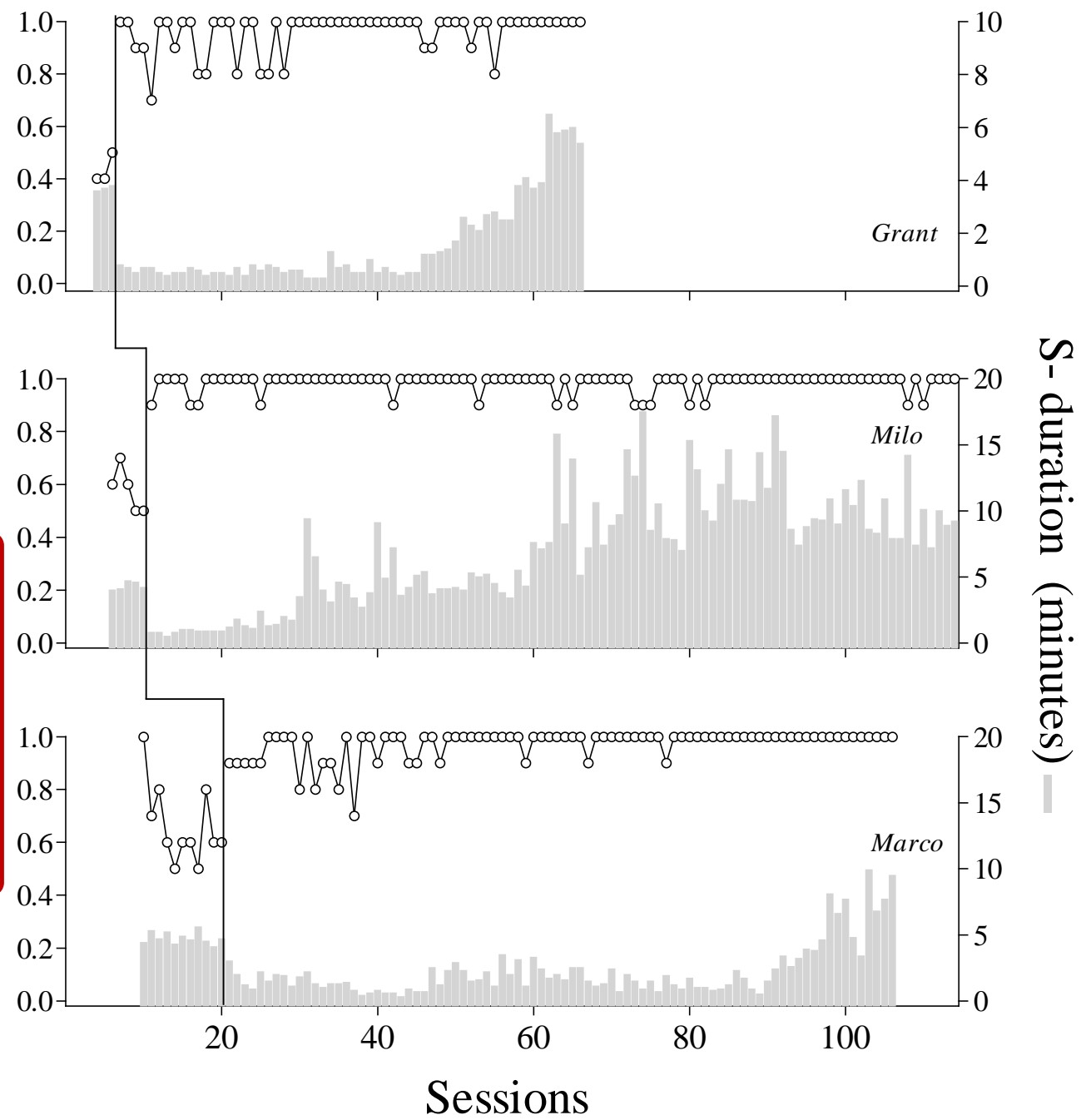
Instructional Baseline
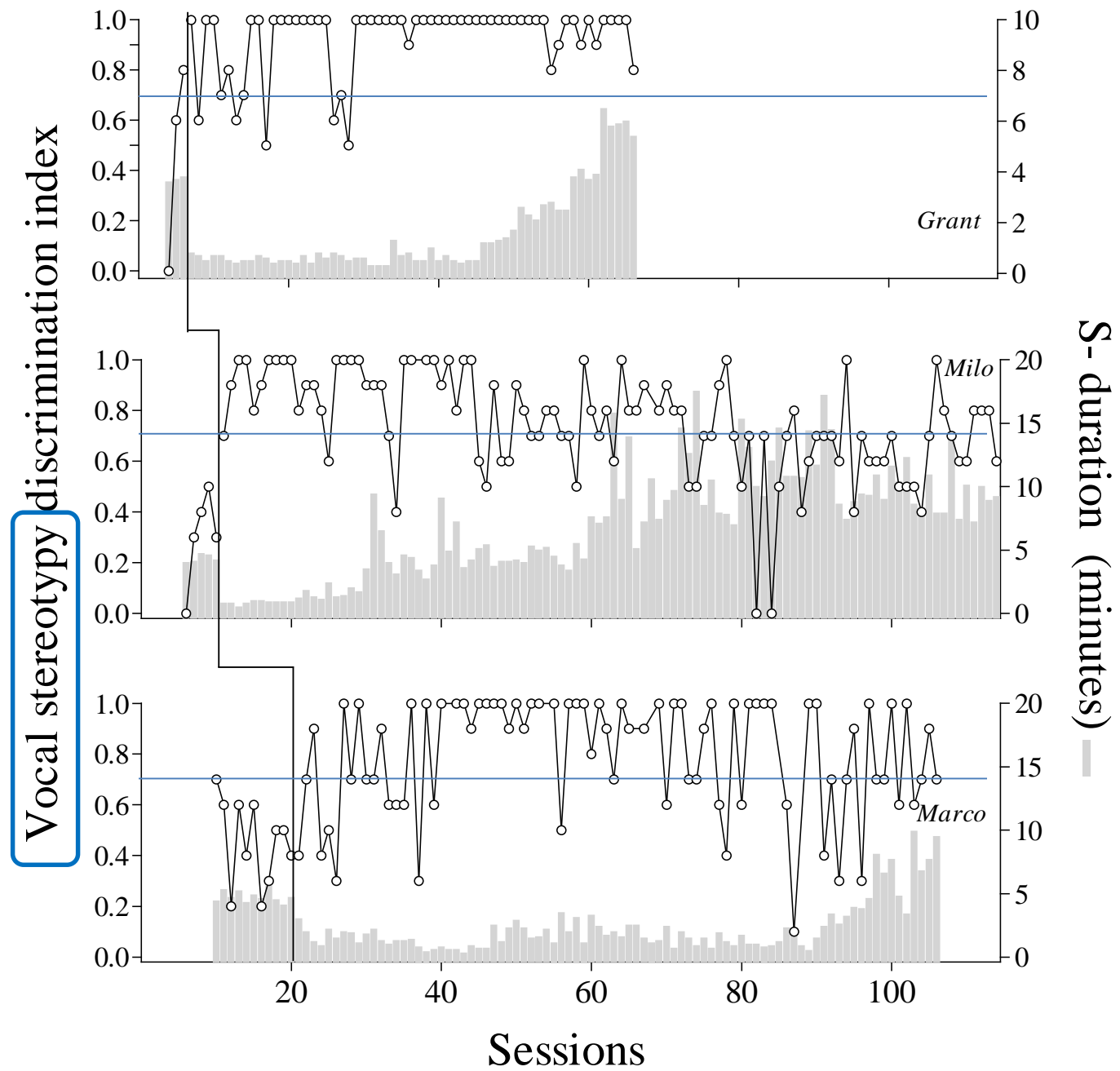
Treating Stereotypy - Grant

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

Treatment Extension
(not on previous graph)

Vocal stereotypy discrimination index

S - duration (minutes)

Sessions

Grant

Milo

Marco

Social Validity

1 = highly disagree   7 = highly agree

Question	Grant	Milo	Marco
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.	7	7	7
The amount of behavior change (i.e., the effects of treatment) was acceptable or sufficient.	6	7	6
The overall goals of this treatment were acceptable, appropriate, and important for the individual.	7	7	6
I would recommend this treatment package to other therapists or providers who are attempting to decrease stereotypy and increase appropriate engagement.	7	7	7

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