Maximizing Safety by Embedding the Practical Functional Assessment and Skill-Based Treatment Process into an Enhanced Choice Model

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NCABA
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Many thanks to my Functional Assessment and Treatment Research and Practice group (2012-present):

Questions to be addressed

1. Are functional analyses inherently risky to the client and analyst?

2. Can the risks be effectively managed?  
   Can safe analyses be conducted even with dangerous problem behavior?

3. What are the tactics for minimizing risk?

4. What can be done to mitigate the risks and social invalidity that may be limiting the reach of functional analysis (and behavior analytic practice)?
1. Are functional analyses inherently risky to the client and analyst?

Yes. All functional analyses involve evoking problem behavior. Therefore, all are inherently risky.
Questions to be addressed

1. Are functional analyses inherently risky to the client and analyst?
   Yes. All functional analyses involve evoking problem behavior. Therefore, all are inherently risky.

2. Can the risks be effectively managed?

   Yes.

Can safe analyses be conducted even with dangerous problem behavior?

Yes, and to such an extent that the functional analysis may just be the safest place/period for a person with severe problem behavior.
Main points

Safety during the analysis and skill-based treatment process depends on:

(a) the amount of control of problem behavior achieved in the functional analysis and

(b) giving up common and overly controlling tactics during treatment
<table>
<thead>
<tr>
<th>Safety</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong> is primarily insured through:</td>
<td><strong>Risk</strong> is primarily invited through:</td>
</tr>
<tr>
<td>• Continuous access to all suspected reinforcers in the control condition</td>
<td>• Discontinuous access to some suspected reinforcers in the control condition</td>
</tr>
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<td>• Of one/some of the suspected reinforcers</td>
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<td>• For any member of the response class (an &quot;open&quot; contingency class) in test conditions</td>
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*These tactics require comfort with inference*
This schematic provides a visual display of a possible repertoire of problem behavior whose members were reported by caregivers as co-occurring in the same evocative situations. If the primary concern of the caregivers is high-intensity head banging, a behavior analyst must then decide on the contingency class for their functional analysis, weighing the factors of risk, efficiency, and inference.
Select the responses to be consequated in analysis:

A
B
C or
D ?
That which you can safely infer from your functional analysis:

✓ Response class membership

Problem Behaviors reported to co-occur (in order of concern)
A. SIB
B. Aggression
C. Disruptive Behavior
D. Disruptive vocalizations
E. Whining/complaining

If control is shown over behavior E, for example, and caregivers report that behavior A, B, C, D, & E co-occur in similar situations, then we can infer that the reinforcers for behaviors A and E are the probably same.
Problem Behaviors reported to co-occur (in order of concern)
A. SIB
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E. Whining/complaining
Problem Behaviors reported to co-occur (in order of concern)

A. SIB
B. Aggression
C. Disruptive Behavior
D. Disruptive vocalizations
E. Whining/complaining
This analysis shows all forms of problem behavior are influenced by the same synthesized reinforcement contingency.

This happened for 9 of 10 consecutive analyses (Warner et al., 2018)

This also happens when others conduct progressive extinction analyses (Smith and Churchill, 2002, Borrero & Borrero, 2008, Herscovitch et al., 2009)

Which is why it is a reasonable thing to make inferential leap.
Conducting low inference analyses of severe problem behavior is inefficient, potentially dangerous, and difficult to defend at this point.
### Safety

Safety is primarily insured through:

- Continuous access to all suspected reinforcers in control conditions
- Immediate delivery
- Of all suspected reinforcers
- For any member of the response class (an “open” contingency class) in test conditions

*These tactics require comfort with inference*

### Risk

Risk is primarily invited through:

- Discontinuous access to all suspected reinforcers in control conditions
- Delayed delivery
- Of one/some of the suspected reinforcers
- For a single member of the response class (a “closed” contingency class) in test conditions
<table>
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<th>Safety Options</th>
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**Other safety considerations:**
- Salient cues for EO and SR intervals
- Everybody has session termination authority
- Ambiguity regarding EO and SR intervals
- Only supervisor or R.N. has session termination authority
Procedures
What is involved in a Practical Functional Assessment (PFA) process?

• An open-ended interview (always)

• An informal observation (perhaps, but not necessary)

• A functional analysis (always)
  ▫ An IISCA
    • An Interview-Informed
    • Synthesized Contingency
    • Analysis

PFA questions?
Treatment

Personalized and synthesized reinforcers delivered intermittently, unpredictably, and exclusively following various chain lengths of appropriate behavior that includes communication, toleration, and compliance

QUESTIONS?
This sheet is to be used to guide the shaping of the skills as well as to record trial by trial data.

There are more rows included for each step than will likely be required.

Remain at each teaching step until 2 sessions occur in a row with zero problem behavior and all expected skills are occurring independently on 100% of trials.

The behaviors noted are those expected and thus reinforced on the specified trial.

The skills are to beprompted just prior to being expected initially and then only prompted after problem behavior/noncompliance.

Circle the response if it occurred independently.

Circle and slash the response if it was prompted.

If a severe problem behavior occurred, write SPB next to the expected behavior for the trial.

If a mild problem behavior occurred, write PB next to the expected behavior for the trial.
Brandon / Simple FCT 1

- Age: 4
- Diagnosis: None
- Language Level: Speaks in Short Sentences
- Referred for: Aggression, Meltdowns, Noncompliance
The first communication response taught is referred to as the *Simple Functional Communication Response (sFCR)*

The key features of an sFCR:
- Simple \cite{HornerDay1991}
- Novel \cite{Derbyetal1998}
- Omnibus (“My way”) \cite{Hanleyetal2014}
- Can be effectively prompted

The key features of initial teaching:
- Prompt SFC prior to full introduction of EO \cite{Wardetal2019}
  - Base on within-session results of IISCA
- Prompt response immediately and after problem behavior \cite{Landaetal2019}
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””)
## Teaching Toleration

<table>
<thead>
<tr>
<th>Step</th>
<th>Objectives</th>
<th>Responses Reinforced</th>
<th>Note Session #</th>
<th>Progressively Changing Response Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Preparing for Inevitable Disappointment</td>
<td>cFCR/TR (&quot;Okay, no problem&quot;)</td>
<td>Tr 1 Sr: cFCR TR</td>
<td>Tr 2 Sr: cFCR TR</td>
</tr>
<tr>
<td>5</td>
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<td>cFCR/TR</td>
<td>cFCR TR</td>
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<td>cFCR/TR</td>
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<tr>
<td>6</td>
<td>Preparing for Inevitable Ambiguity</td>
<td>cFCR/TR/eCAB (Adult expected work or play)</td>
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<tr>
<td>7</td>
<td>Preparing for Inevitable Ambiguity</td>
<td>cFCR/TR/eCAB</td>
<td></td>
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<tr>
<td>7</td>
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### Progressively Changing Response Requirements

<table>
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<tr>
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<th>Tr 4 Sr:</th>
<th>Tr 5 Sr:</th>
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<tbody>
<tr>
<td>cFCR</td>
<td>TR</td>
<td>1eCAB</td>
<td>cFCR</td>
<td>1eCAB</td>
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<tr>
<td>TR</td>
<td>1eCAB</td>
<td>cFCR</td>
<td>1eCAB</td>
<td>cFCR</td>
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<td>TR</td>
<td>1eCAB</td>
<td>cFCR</td>
<td>1eCAB</td>
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<tr>
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<tr>
<td>TR</td>
<td>1eCAB</td>
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<td>cFCR</td>
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<td>1eCAB</td>
<td>cFCR</td>
<td>1eCAB</td>
<td>cFCR</td>
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<tr>
<td>1eCAB</td>
<td>2eCAB</td>
<td>cFCR</td>
<td>TR</td>
<td>1eCAB</td>
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<tr>
<td>cFCR</td>
<td>TR</td>
<td>1eCAB</td>
<td>2eCAB</td>
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<td>2eCAB</td>
<td>cFCR</td>
<td>TR</td>
<td>1eCAB</td>
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<tr>
<td>cFCR</td>
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<td>1eCAB</td>
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<tr>
<td>1eCAB</td>
<td>2eCAB</td>
<td>cFCR</td>
<td>TR</td>
<td>1eCAB</td>
</tr>
</tbody>
</table>

**e&hCAB = [easy and hard] contextually appropriate behavior**
Objectives | Progressively Changing Response Requirements
--- | ---
Building Stamina while Keeping Hope Alive | cFCR 1hCAB 2eCAB TR 3eCAB
Building Stamina while Keeping Hope Alive | TR 2eCAB cFCR 3hCAB 1hCAB
Building Stamina while Keeping Hope Alive | cFCR 1hCAB 2eCAB TR 3eCAB
Building Stamina while Keeping Hope Alive | TR 2eCAB cFCR 3hCAB 1hCAB
Building Stamina while Keeping Hope Alive | cFCR 1hCAB 2eCAB TR 3eCAB
Building Stamina while Keeping Hope Alive | TR 2eCAB cFCR 3hCAB 1hCAB
Building Stamina while Keeping Hope Alive | 5eCAB cFCR 1hCAB TR 3eCAB
Building Stamina while Keeping Hope Alive | TR 5eCAB cFCR 3hCAB 1eCAB
Building Stamina while Keeping Hope Alive | 5eCAB cFCR 1hCAB TR 3eCAB
Building Stamina while Keeping Hope Alive | TR 5eCAB cFCR 3hCAB 1eCAB
Building Stamina while Keeping Hope Alive | 2hCAB cFCR 4eCAB TR 6eCAB
Building Stamina while Keeping Hope Alive | cFCR 6hCAB TR 4hCAB 2eCAB
Building Stamina while Keeping Hope Alive | 2hCAB cFCR 4eCAB TR 6eCAB
Building Stamina while Keeping Hope Alive | cFCR 6hCAB TR 4hCAB 2eCAB
Building Stamina while Keeping Hope Alive | cFCR 5eCAB 3hCAB 7eCAB TR
Building Stamina while Keeping Hope Alive | 3hCAB cFCR 7eCAB TR 5hCAB
Building Stamina while Keeping Hope Alive | cFCR 5eCAB 3hCAB 7eCAB TR
Building Stamina while Keeping Hope Alive | 3hCAB cFCR 7eCAB TR 5hCAB
Building Stamina while Keeping Hope Alive | TR 10eCAB cFCR 2eCAB 7hCAB
Finding the Balance / Task Revaluing | cFCR 2hCAB 7eCAB 10hCAB TR
Finding the Balance / Task Revaluing | TR 10eCAB cFCR 2eCAB 7hCAB
Finding the Balance / Task Revaluing | cFCR 2hCAB 7eCAB 10hCAB TR
Finding the Balance / Task Revaluing | 2eCAB 10hCAB cFCR 13eCAB TR
Finding the Balance / Task Revaluing | TR 13eCAB 2hCAB cFCR 10hCAB
Brandon / CAB Chaining - Hard

- Age: 4
- Diagnosis: None
- Language Level: Speaks in Short Sentences
- Referred for: Aggression, Meltdowns, Noncompliance
Important TIPS

1. Always provide **immediate sr for some** FCRs and TRs

2. Progressively increase the average **amount of behavior** (not just time) required to terminate the delay
   - Shape to end delay at close to perfect behavior while at short requirements

3. 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)

4. Probably **best to not signal** how much behavior is required to terminate the delays
Shorties never go away.
This way we keep hope alive!

Surprise Shorties are a must!
Extending the Treatment to Relevant People, Places, and Time Periods

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<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>cFCR</td>
<td>5eCAB 3hCAB 7eCAB TR</td>
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<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>3hCAB</td>
<td>cFCR 7eCAB TR 5hCAB</td>
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<td>16</td>
<td>Extending Effects to Relevant People</td>
<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>TR</td>
<td>10hCAB cFCR 2eCAB 7hCAB</td>
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<td>16</td>
<td>Extending Effects to Relevant People</td>
<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>cFCR</td>
<td>2hCAB 7eCAB 10hCAB TR</td>
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<td>17</td>
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<td>3eCAB</td>
<td>20eCAB 10hCAB cFCR TR</td>
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<td>Extending Effects to Relevant People</td>
<td>cFCR/TR/e&amp;hCAB w/RP</td>
<td>cFCR</td>
<td>3eCAB 10eCAB TR 20hCAB</td>
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<td>3eCAB</td>
<td>20eCAB 10hCAB cFCR TR</td>
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<tr>
<td>19</td>
<td>Extending Effects to Relevant Contexts</td>
<td>cFCR/TR/e&amp;hCAB w/RP in RC</td>
<td>TR</td>
<td>10eCAB cFCR 2eCAB 7hCAB</td>
</tr>
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<td>Extending Effects to Relevant Contexts</td>
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<td>cFCR/TR/e&amp;hCAB w/RP in RC over RTP</td>
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<td>cFCR/TR/e&amp;hCAB w/RP in RC over RTP</td>
<td>3eCAB</td>
<td>20hCAB 10hCAB cFCR TR</td>
</tr>
<tr>
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<td>cFCR</td>
<td>10hCAB TR 3eCAB 20hCAB</td>
</tr>
</tbody>
</table>
What is the treatment???

Intermittent and unpredictable reinforcement of life skills:
Functional Communication
Delay/denial toleration
Compliance
Treatment Implementation

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

*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!
App called “Names in a Hat”
App called “Roundom”
Latest refinement toward general applicability:

practical functional assessment/skill-based treatment process within an Enhanced Choice Model
A 13-year-old with autism was restrained for being violent at school. He died at a hospital two days later.

HUNDREDS OF THE NATION'S MOST VULNERABLE HAVE BEEN KILLED BY THE SYSTEM INTENDED TO CARE FOR THEM.
Iowa senators call for federal investigation into school seclusion rooms

A 13-year-old with autism was restrained for being violent. He died at a hospital two days later.

U.S. Department of Education

U.S. Department of Education Announces Initiative to Address the Inappropriate Use of Restraint and Seclusion to Protect Children with Disabilities, Ensure Compliance with Federal Laws

been killed by them.
Enhanced Choice Model

**Practice Context**

1. Treatment (Contingent SR)

**Hangout Context**

2. No EOs (Noncontingent SR)

**EXIT**

3. Return to Home or classroom
Why would children choose to participate in treatment?

Partly due to the universal preference for contingent over noncontingent reinforcers

(i.e., due to a preference for yearning and earning)
Contingent Reinforcement

Blue Switch

Red Switch

White Switch

Noncontingent Reinforcement

No Reinforcement

Response Contingent Attention (FR-1)

Noncontingent Attention (yoked)

No Attention Available

2 min period:

From Hanley, Piazza, Fisher, & Conrucci, 1997, JABA
Preference for **contingent** over **noncontingent** reinforcement

*From Hanley, Piazza, Fisher, & Conrucci, 1997, *JABA*
Preference for contingent reinforcement has generality

71% of individuals preferred contingent reinforcement
57% of aggregates preferred contingent reinforcement

n = 96

Literature Review:
Gover & Hanley (2019)
**Enhanced Choice Model**

- Similar outcomes in similar time frames
- No escalation to severe problem behavior
- Allowed expansion of clients served
Modifications to Hanley et al. (2014)

Practice Context

1. General transparency on day’s activities

2. Choices offered during CAB chaining
   • Dunlap et al., 1994; Moes, 1998; Powell & Nelson, 1997

3. Extinction of problem behavior never involves physical guidance of any sort
   • Piazza, Moes, & Fisher, 1996

4. Choice to hangout or leave always available
Hangout Context

- Can be accessed anytime by:
  - Requesting “hangout”
  - Walking/running to hangout area

  *i.e., neither communication nor problem behavior needed to access hangout*

- Promise of no teaching (no instructions presented)
- Can bring tangible items (or duplicates are already there)
- Can invite analyst/caregiver

Noncontingent Reinforcement
TREATMENT - Jeffrey

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 in our clinic.

   1  2  3  4  5  6  
   Not Satisfied  
   Highly Satisfied

2. Rate the extent to which you are concerned about Jacob’s ongoing problem behavior at home.

   1  2  3  4  5  6  
   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  
   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  
   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
   - 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 clinic)?
   - 1 2 3 4 5 6 7
   - Not comfortable
   - Very comfortable
# Severe Problem Behavior with the ECM

<table>
<thead>
<tr>
<th></th>
<th>Allie</th>
<th>Jeffrey</th>
<th>Jackson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total instances of severe PB</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>throughout SBT during the ECM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topographies of severe PB observed</td>
<td>None</td>
<td>None</td>
<td>Aggression</td>
</tr>
<tr>
<td>Number of times Hangout was selected</td>
<td>3</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>(&amp; total duration)</td>
<td>(8 min)</td>
<td>(5 min)</td>
<td>(115 min)</td>
</tr>
<tr>
<td>Number of times elected to go home</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Name</td>
<td>Escape From...</td>
<td>To Tangibles</td>
<td>To Attention</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hank 9</td>
<td>-Free-writing from a prompt</td>
<td>-Superhero action figures</td>
<td>Analyst apologized for presenting work, role-played with action figures</td>
</tr>
<tr>
<td>ADHD/EBD</td>
<td>-Completing makeup work</td>
<td>-Play-dough</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Correcting written errors</td>
<td>-Books</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Sorting words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter 8</td>
<td>-Spelling tests</td>
<td>-iPad with preferred apps</td>
<td>Analyst would chase Peter or play hide-and-seek if recruited</td>
</tr>
<tr>
<td>ASD</td>
<td>-Independent Math (reading problems)</td>
<td>-Spiderman action figures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Reading passages</td>
<td>-Books</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Writing sentences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Problem Behavior per Min**

- **Control**
  - Hank
    - Head down
    - Vocal Disruption
    - Disruption
  - Peter
    - Head down
    - Vocal Disruption

- **Test**
  - Aggression
  - Elopement

**Total Count Across Test Sessions**

- **Hank**
  - Sessions: 1, 2, 3, 4, 5, 6
  - Head down: 0, 5, 10, 15, 20, 25, 30

- **Peter**
  - Sessions: 1, 2, 3, 4, 5, 6
  - Head down: 0, 5, 10, 15, 20, 25, 30
Date Range: 2/12/2018 - 5/18/2018

Date Range: 1/25/2018 - 5/10/2018
## Social Validity Questionnaire Results

<table>
<thead>
<tr>
<th></th>
<th>Peter</th>
<th></th>
<th>Hank</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>After SBT</td>
<td>After Extension</td>
<td>After SBT</td>
<td>After Extension</td>
</tr>
<tr>
<td>1. Rate the extent to which you are satisfied with the amount of improvement seen in your student’s problem behavior</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>2. Rate the extent to which you feel confident applying the same strategies you have seen in the practice sessions when addressing your student’s problem behavior in the classroom</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>3. How comfortable are you taking away your student’s preferred activities and asking him to do something else?</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>4. Rate the extent to which you found the training process helpful</td>
<td>--</td>
<td>6</td>
<td>--</td>
<td>7</td>
</tr>
<tr>
<td>5. Rate the likelihood that you would agree to participate in this process again with another student with similar needs</td>
<td>--</td>
<td>7</td>
<td>--</td>
<td>6</td>
</tr>
</tbody>
</table>

*Note.* 1 = not at all   4 = not sure   7 = very much so   -- = not administered
Take Home Point

It is possible to safely expand the scope of effective functional assessment and treatment processes to achieve meaningful outcomes with typical and underserved populations of children, adolescents, and adults with and ID who exhibit severe problem behavior.
Meaningful outcomes while expanding our scope of practice will require:

- shift in the assumptions, aims, and procedures of functional assessment
e.g., use of personalized and synthesized reinforcement contingencies
  and open contingency classes

- progressive development of particular skills (FCRs, TRs, and CABs)
  i.e., patient but systematic shaping

- maintenance via unpredictable and intermittent reinforcement of skills

- continuous availability of alternatives to the therapeutic context in which
  skills are built
  – like the opportunities to leave or hang out in the *Enhanced Choice Model*
Logistics: Models for Shaping Skills

**Light dosage approaches** *(approx. 8-12 weeks until full-day treatment)*

*Implementation by BCBA only*: at least 1hr/day for 4/days week

-or-

*Collaborative approach*:

Implementation by 1-2 paraprofessionals/staff at least 1hr/day for 4/days week

BCBA checks in either once per week for hour or 3x/week for 20 min

**High dosage approaches** *(approx. 1-2 weeks until full-day treatment)*

*Implementation by BCBA only*: 4-5hrs/day for 5/days week

-or-

*Collaborative approach*:

Implementation by 1-2 paraprofessionals/staff 4-5 hrs/day for 5/days week

Two daily 30 min check-ins by BCBA for 4-5 days/week

*all require consideration of out-of-session programming: (a) business as usual or (b) NCR/SR for precursors*
Personalized and synthesized reinforcers delivered intermittently, unpredictably, and exclusively following various chain lengths of appropriate behavior that includes communication, toleration, and compliance.

QUESTIONS?
Thanks for listening.

For more information and implementation support, go to: www.practicalfunctionalassessment.com

or call the PFA hotline: +1 413-782-1771
*calls taken on Mon: 5-6:30 pm (est) or Wed: 8-9:30am (est)

or join the Facebook group: BCBAs using the IISCA

or schedule an organizational training/consultative support by emailing: ghanley@ftfbc.com