



DIGNITY AND ASSENT FOR CLIENTS

AN ACTIVITY WORKSHOP

CASSI BREAUX M.A., M. S., BCBA, LBA

Cbreaux@uwf.edu

Goals

- Participants will be able to identify and state five assent-based terms.
- Participants will be able to distinguish between assent and assent-withdrawal behaviors with 80% accuracy.
- Participants will be able to identify and state at least three data collection techniques for assent and assent withdrawal.
- Participants will be able to identify and state at least two appropriate actions when assent-withdrawal occurs.
- Participants will be able to identify and state at least two strategies for data-based decision making in plan changes due to frequent assent-withdrawal.
- Participants will be able to create a list of actions and trainings to support an assent-based culture.

Break out: What do you know about assent and dignity?

What do you know about assent and dignity?

What do you desire to learn about assent and dignity?

Break out: What do you know about assent and dignity?

What do you know about assent and dignity?

What do you desire to learn about assent and dignity?

Identity-first language

The majority of
Autistics prefer
identity-first language

This course will use
identity-first language

Ask if you are not sure

If you are speaking to someone
individually you can ask



DIGNITY

Understanding dignity

Dignity is the state or quality of being worthy of honor or respect



Clients are humans

Clients deserve dignity

Clients deserve choice

Understanding dignity

Do I honor the person's choices?

Do I offer appropriate choices?

Am I accepting no?

Do I look beyond the person's disability and treat the person with respect?

Am I hearing client ABA experiences?

Does my practice reflect those experiences?

Traumatic ABA Characteristics

A full time job

- 25-40 hours a week

Lack of consent

- Crying flopping clients
- No voice in behavior change

No body autonomy

- Teaching clients they cannot say no or have control over their own bodies

Ableism

- Trying to make neurodiverse clients appear like their peers
- Changing stimming behaviors and forcing eye-contact

Understanding Ableism

Discrimination in favor of able-bodied people.



Discrimination of differently-abled people.



Discrimination of neurodiverse people



(Lewiecki-Wilson, Dolmage, Heilker, & Jurecic, 2008)

Professional and Ethical Compliance Code for Behavior Analysts:

I.05 Professional and Scientific Relationships

(c) Where differences of age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, **disability**, language, or socioeconomic status significantly affect behavior analysts' work concerning particular individuals or groups, **behavior analysts obtain the training, experience, consultation, and/or supervision necessary to ensure the competence of their services, or they make appropriate referrals.** (d) In their work-related activities, **behavior analysts do not engage in discrimination against individuals or groups based on** age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, **disability**, language, socioeconomic status, or any basis proscribed by law. (e) **Behavior analysts do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as** those persons' age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, **disability**, language, or socioeconomic status, in accordance with law. (f) Behavior analysts recognize that their personal problems and conflicts may interfere with their effectiveness. **Behavior analysts refrain from providing services when their personal circumstances may compromise delivering services to the best of their abilities.**



ASSENT TERMINOLOGY

What is assent?

The expression of approval or agreement by someone not legally able to give consent

Can be given vocally/verbally

Can be given in contract form

Can be given using behaviors

Can be revoked at any time

What is assent?

Consent

- Legally required
- Given by individuals who are legally able
- May often be given by someone who is not your client, depending on their legal ability to consent (age, guardianship, etc)
- Can be revoked at any time without penalty

Assent

- Not usually legally required
- Given by the client participating in treatment
- Should be obtained in addition to legal consent
- Can be revoked at any time without penalty

Assent story time





ASSENT AND ASSENT-WITHDRAWAL BEHAVIORS



ASSENT BEHAVIORS

- Entering the workspace without coercion or prompting
- Sitting (or enter appropriate verb here) in front of work without coercion or prompting
- Engaging with materials without coercion or prompting
- Saying “yes” in their preferred format when asked if they want to do or continue an activity



NON-ASSENT BEHAVIORS

- Entering the workspace only with coercion or force
- Flopping to the ground or screaming when nearing materials
- Destroying materials
- Throwing or removing materials from the workspace
- Eloping or attempting to elope from workspace
- Crying
- Moving away from the clinician
- Avoiding interaction
- Moving body away when clinician offers a physical prompt
- Saying “no” or “stop” in their preferred format at any point during instruction
- Saying “no” or “stop” in their preferred format when asked if they want to do or continue an activity

NON-ASSENT BEHAVIORS

- Does not respond or stops responding during instruction
- Sits still/does not move when clinician is physically prompting, touches, or is in very close proximity to the client

PRO-TIPS: NON-ASSENT OR ASSENT-WITHDRAWAL BEHAVIORS

If a neurotypical/developmentally typical peer did the same behavior, would be considered non-assent?

Assent and non-assent behaviors may be specific to the individual, and should be part of the initial data collection process

Let's identify assent and assent-withdrawal behaviors

Juan enters the clinician's workroom and runs right to the puzzles. The clinician reminds Juan that they start at the table. Juan flops to the floor. The clinician picks Juan up and carries Juan to the table. Juan is whimpering but doesn't fight the clinician. The clinician pushes the chair in and puts their leg behind Juan's chair so Juan must remain at the table. Juan points to the puzzles and grunts several times. The clinician ignores him and points to the materials at the table. Juan whimpers again but starts to do the work.

Assent and assent-withdrawal behaviors

Assent

- Runs right to the puzzles.
- Juan points to the puzzles and grunts several times.

Assent-withdrawal

- Flops to the floor
- Juan is whimpering
- Juan whimpers again

NOT Assent:

doesn't fight the clinician.
starts to do the work.

You do: Identify assent and assent-withdrawal behaviors

The BCBA enters Nia's bedroom. Nia jumps several times and points to the box of trucks on her shelf. The BCBA prompts Nia to say "truck please." Nia does and the BCBA gets the box of trucks down. Nia opens the box and takes out three trucks. The BCBA gets on the floor and starts counting the trucks. Nia joins in the counting. The BCBA claps and asks Nia to clap. Nia does not clap. The BCBA touches Nia's elbow to prompt her to clap. Nia stares vacantly and does not clap.

Assent and assent-withdrawal behaviors

Assent

- Jumps several times and points to the box of trucks
- Opens the box and takes out three trucks
- Joins in the counting

Assent-withdrawal

- Does not clap
- Stares vacantly
- Does not clap

You do: Identify assent and assent-withdrawal behaviors

The RBT knocks on the front door and the client hides under their bed. The RBT asks the client to come out, the client does not come out. The RBT starts playing with a preferred item. The client comes out and stands near the table. The RBT shows the client the communication device. The client slaps down the communication device and grabs for the preferred item. The RBT holds the preferred item up high, frowning, and grabs the client's hand with their other hand. The RBT uses full prompting to push the client's hand onto the appropriate button. The client tries to pull away. The RBT pushes the button with the client's hand, says "here" gruffly, and hands the client the item.

Assent and assent-withdrawal behaviors

Assent

- comes out and stands near the table
- grabs for the preferred item

Assent-withdrawal

- client hides under their bed
- client does not come out
- slaps down the communication device
- The client tries to pull away

Break out

Dignity, assent, and assent-withdrawal

- When have you seen dignity honored in ABA? Not honored in ABA?
- When have you seen assent practices in place in ABA? What was it like?
- When have you seen assent-withdrawal honored in ABA? Not honored in ABA?

Share out

Dignity, assent, and assent-withdrawal share

- When have you seen dignity honored in ABA? Not honored in ABA?
- When have you seen assent practices in place in ABA? What was it like?
- When have you seen assent-withdrawal honored in ABA? Not honored in ABA?



ASSENT IN BEHAVIOR CHANGE PROCESS

Assent in assessment

- Describe what the assessment is
- Describe what will happen during the assessment
- Describe who will have access to the results
- Cover the results with the client

Professional and Ethical Compliance Code for Behavior Analysts:

4.02 Involving Clients in Planning and Consent. Behavior analysts involve the client in the planning of and consent for behavior-change programs.

Assent in planning interventions

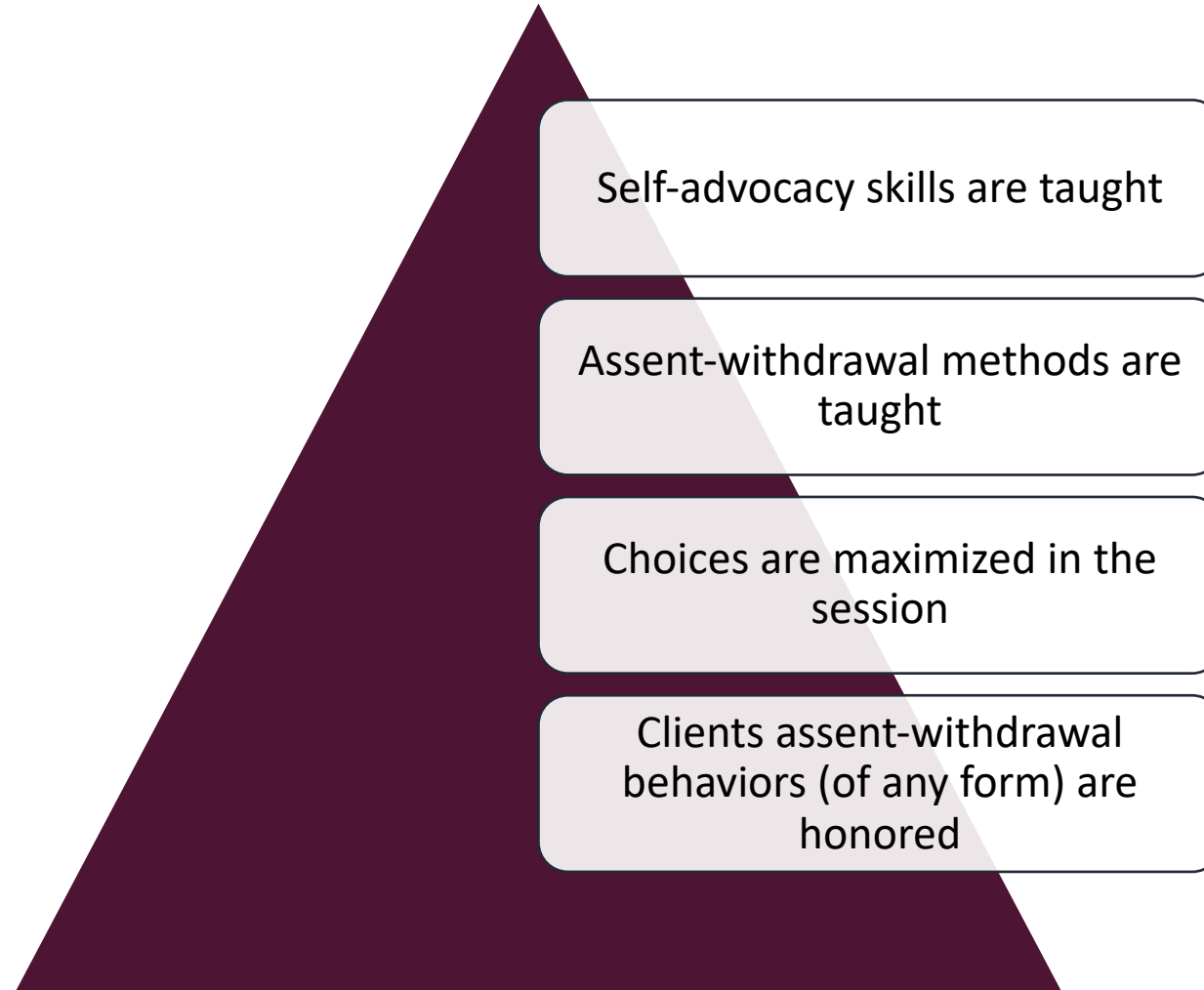
- Planning WITH clients
- Discussing risks and benefits with the client
- Building interventions with client's needs in mind
- Clients decide

Clients give assent or we don't continue

Clients have choices

Clients choose their goals

Assent Hierarchy





COLLECTING DATA ON ASSENT

Assent-withdrawal measures

- Measures of assent and the withdrawal of assent for each component of the program
- Number of assent withdrawals per session (or program)
- Number of approaches to clinician/ work task
- Client report of desire to participate in the session

Self-advocacy measures

- Data can be collected on percentage, count, or duration of session that is client-led
- Number of directions given by client
- Number of requests made to change intervention, by the client

Measures of client choices

- Number of accommodations requested
- Number of programs in place that are selected by the client

Measures of staff behavior

- Number of times withdrawal of assent offered
- Percentage of times permission asked before any physical contact
- Number of times client input on programming is asked
- Percentage of time session is client-led



PROBLEM SOLVING ASSENT-WITHDRAWAL

**The behavior isn't the problem, it is
communication that there IS a
problem.**

If a client is withdrawing assent frequently, or constantly, ask yourself why

What about the setting/ practitioner/ task is aversive?

SKILL DEFICITS

- Inability to do the task
- Lacking prerequisite skill(s)

In the case of skill deficits, we back up and work on the missing skills

AVERSIVE ANTECEDENTS

- Sensory overload
- Aversive sensory input
- Setting has become a generalized punisher
- Practitioner has become a generalized punisher

Let's change the story- Where could the practitioner have done better?

Juan enters the clinician's workroom and runs right to the puzzles. The clinician reminds Juan that they start at the table. Juan flops to the floor. The clinician picks Juan up and carries Juan to the table. Juan is whimpering but doesn't fight the clinician. The clinician pushes the chair in and puts their leg behind Juan's chair so Juan must remain at the table. Juan points to the puzzles and grunts several times. The clinician ignores him and points to the materials at the table. Juan whimpers again but starts to do the work.

Where could the practitioner have done better?

- The clinician reminds Juan that they start at the table.
- The clinician picks Juan up and carries Juan to the table
- The clinician pushes the chair in and puts their leg behind Juan's chair so Juan must remain at the table
- The clinician ignores him and points to the materials at the table.

Let's change the story- Where could the practitioner have done better?

Juan enters the clinician's workroom and runs right to the puzzles. The clinician follows Juan to the puzzles. The clinician uses the puzzles to teach counting, to encourage use of the communication device, and shape identification.

You change the story- Where could the practitioner have done better?

The BCBA enters Nia's bedroom. Nia jumps several times and points to the box of trucks on her shelf. The BCBA prompts Nia to say "truck please." Nia does and the BCBA gets the box of trucks down. Nia opens the box and takes out three trucks. The BCBA gets on the floor and starts counting the trucks. Nia joins in the counting. The BCBA claps and asks Nia to clap. Nia does not clap. The BCBA touches Nia's elbow to prompt her to clap. Nia stares vacantly and does not clap.

Where could the practitioner have done better?

- The BCBA touches Nia's elbow to prompt her to clap.

You change the story- Where could the practitioner have done better?

The BCBA enters Nia's bedroom. Nia jumps several times and points to the box of trucks on her shelf. The BCBA prompts Nia to say "truck please." Nia does and the BCBA gets the box of trucks down. Nia opens the box and takes out three trucks. The BCBA gets on the floor and starts counting the trucks. Nia joins in the counting. The BCBA claps and asks Nia to clap. Nia does not clap. The BCBA claps and asks Nia to clap. Nia still does not clap. The BCBA says "ok seems like clapping isn't your thing today, no big deal." The BCBA asks Nia to touch the green truck.

You change the story- Where could the practitioner have done better?

The RBT knocks on the front door and the client hides under their bed. The RBT asks the client to come out, the client does not come out. The RBT starts playing with a preferred item. The client comes out and stands near the table. The RBT shows the client the communication device. The client slaps down the communication device and grabs for the preferred item. The RBT holds the preferred item up high, frowning, and grabs the client's hand with their other hand. The RBT uses full prompting to push the client's hand onto the appropriate button. The client tries to pull away. The RBT pushes the button with the client's hand, says "here" gruffly, and hands the client the item.

Where could the practitioner have done better?

- The RBT holds the preferred item up high, frowning, and grabs the client's hand with their other hand.
- The RBT uses full prompting to push the client's hand onto the appropriate button.
- The RBT pushes the button with the client's hand, says "here" gruffly, and hands the client the item.

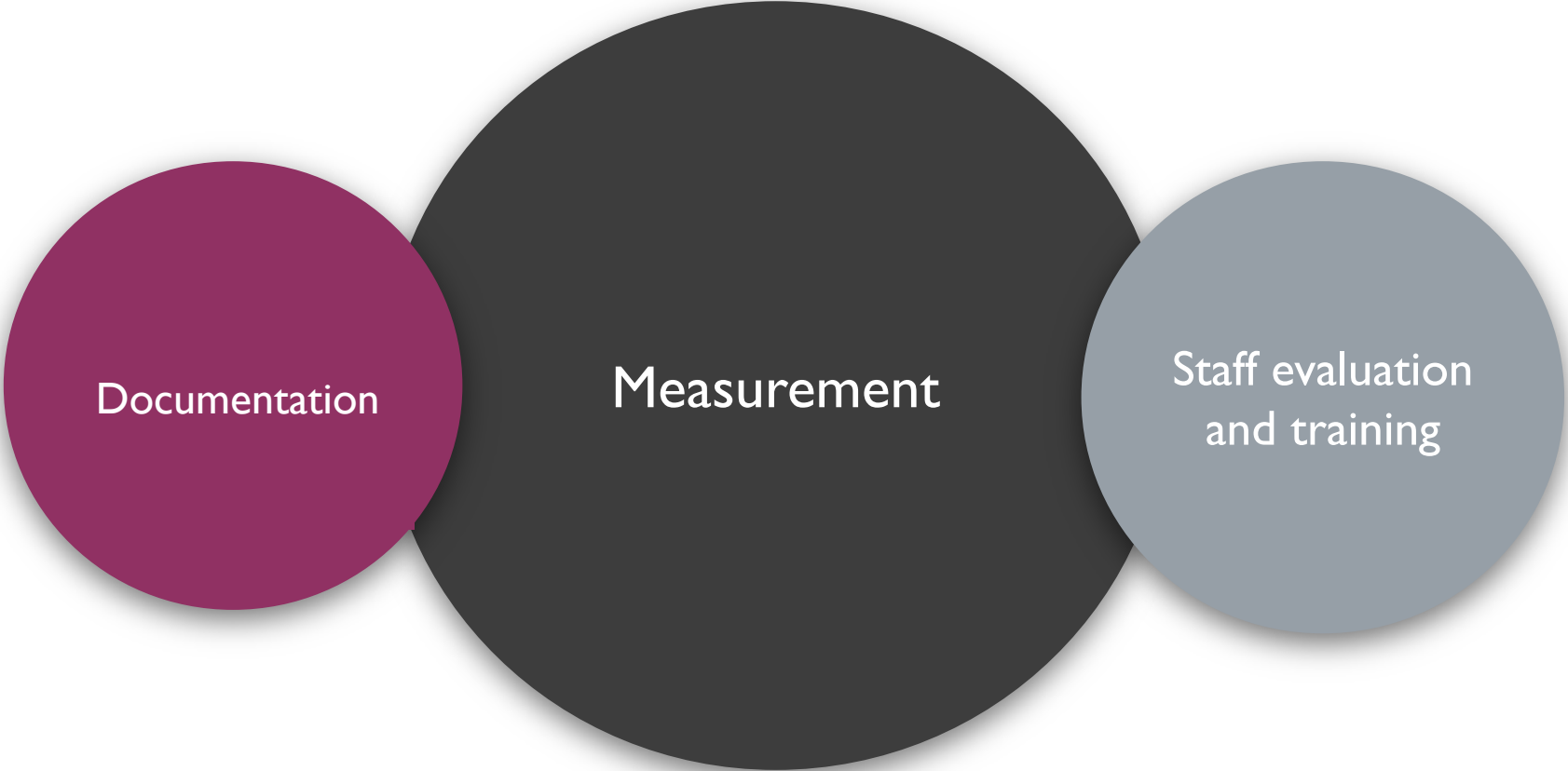
You change the story- Where could the practitioner have done better?

The RBT knocks on the front door and the client hides under their bed. The RBT asks the client to come out, the client does not come out. The RBT starts playing with a preferred item. The client comes out and stands near the table. The RBT shows the client the communication device. The client slaps down the communication device and grabs for the preferred item. The RBT holds the preferred item and says “press this” and points to the appropriate button. The client slaps down the communication device and grabs for the preferred item. The RBT says “What do you want? It looks like you want the doll. Reach for the item you want.” The RBT then says “Nice reaching.” and hands the client the doll.



BUILDING AN ASSENT-BASED CULTURE

Assent-based culture



Documentation

- Staff training in assent at onboarding
- Onboarding paperwork should include:
 - Assent policies
 - Assent data collection requirements
 - Repercussions for staff if assent is not respected
 - Repercussions for staff if assent data is not collected
- Assent clauses in supervision contracts
- Assent clauses in client/guardians of client paperwork

Break out: Writing an assent policy- clients

What will you do when assent is withdrawn?

Will you take data on assent? How?

Will you do extinction procedures? Under what conditions?

Will you do punishment procedures? Under what conditions?

Share out: **Writing an assent policy- clients**

What will you do when assent is withdrawn?

Will you take data on assent? How?

Will you do extinction procedures? Under what conditions?

Will you do punishment procedures? Under what conditions?

Break out: Writing an assent policy- staff

What do you expect from staff when assent is withdrawn?

Will you take data on assent? How?

How can staff report issues with assent in interventions?

Share out: **Writing an assent policy- staff**

What do you expect from staff when assent is withdrawn?

Will you take data on assent? How?

How can staff report issues with assent in interventions?

Break out: Writing an assent supervision clause

What do you expect from supervisees regarding assent?
What are the repercussions if assent isn't respected?

Share out: **Writing an assent supervision clause**

What do you expect from supervisees regarding assent?
What are the repercussions if assent isn't respected?



WHAT'S NEXT?

Break out: What did you learn today?

List the things you learned today

Is there anything you desire to learn that you did not?

Share out: What did you learn today?

List the things you learned today

Is there anything you desire to learn that you did not?

Break out: What changes will you make?

What changes, if any, will you make, based on what you learned today?

Share out: What changes will you make?

What changes, if any, will you make, based on what you learned today?