PRACTICAL APPLICATIONS OF COMPASSION-FOCUSED CARE

FOR CLIENTS EXPERIENCING HARMFUL OR DANGEROUS BEHAVIORS

THE SUMMIT CENTER VIRTUAL CONFERENCE

MARCH 19, 2024

PRESENTER: KRISTINE RODRIGUEZ, MA, BCBA

AUTISM LEARNING PARTNERS

ENDICOTT COLLEGE

GRATITUDE

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- Sneha Kohli-Mathur
- Nasiah Cirincione-Ulezi
- Mary Jane Weiss
- Tyra Sellers
- Lina Slim
- Bridget Taylor

NOTHING NEW UNDER THE SUN

ABA is a science of compassion

OPERATIONAL DEFINITIONS

Empathy

- a form of perspective taking that referred to the psychological process of objectively perceiving another person's situation (Vilardaga, 2009)
- the act of perceiving an experience from the other person's perspective, while understanding the other's emotional response to that experience (Taylor et al., 2019)

Compassion

- converts empathy into action for the purpose of alleviating suffering (Taylor et al., 2019)
- a learned response to the stimulus class of aversive behaviors (LeBlanc et al., 2021)

FOUNDATIONS OF RADICAL COMPASSION

- Skinner (1953)
- Goldiamond (1974)
- Wolf (1978)
- Sidman (1989)

Ethics Code for Behavior Analysts

(Behavior Analyst Certification Board ®, BACB®, 2020)

Core Principle 2: Treat Others with Compassion, Dignity, and Respect. Behavior analysts behave toward others with compassion, dignity, and respect

- Respecting and actively promoting clients' self-determination to the best of their abilities, particularly when providing services to vulnerable populations
- Acknowledging that personal choice in service delivery is important by providing clients and stakeholders with needed information to make informed choices about services

Patient Education and Counseling

Volume 75, Issue 1, April 2009, Pages 3-10

Medical Education

Impact of communication training on physician expression of empathy in patient encounters

Kathleen A. Bonvicini [a], Michael J. Perlin [b], Carma L. Bylund [c], Gregory Carroll [a], Ruby A. Rouse [d], Michael G. Goldstein [a]

COMPASSION IN HEALTHCARE

Table 2
Empathic communication coding system (ECCS) of physician responses.

Level and name	Description
Level 6—shared feeling or experience	A response should be categorized in this level if the physician makes an explicit statement that he or she either shares the patient's emotion or has had a similar experience, challenge, or progress.
Level 5—confirmation	Responses in this level convey to the patient that the expressed emotional feeling, progress or challenge is legitimate. This can be done in several different ways depending on the empathic opportunity. For example, this type of response may be a congratulatory remark, an acknowledgment that the challenge the person is experiencing is difficult, or a statement legitimizing the patient's emotion. Also, by making a statement that others have experienced this same emotion, progress or challenge, the physician is providing confirmation. A physician's statement that he or she understands a patient's emotion also fits in this category.
Level 4—acknowledgement of patient statement with pursuit	This level is characterized by the physician's acknowledgment of something that the patient has either said explicitly or that the physician has inferred from the patient's statement. Often the response is a restatement of what the patient has said. In addition, the physician pursues the topic with the patient by asking the patient a question, clearly elaborating on a point the patient has raised, or trying to comfort the patient.
Level 3—acknowledge of patient statement without pursuit	This level is also characterized by the physician's acknowledgment of something that the patient has either said explicitly or that the physician has inferred from the patient's statement. However, level 3 is distinct from level 4 because the physician does not pursue the topic with the patient.
Level 2—implicit recognition of patient perspective	This level contains responses that do not explicitly recognize the central issue in the empathic opportunity, but focus on a peripheral aspect of the statement. These statements tend to be more content-based, or focused on the biomedical issue, not dealing directly with the progress, challenge or emotion. These may also include questions or advice.
Level 1—perfunctory recognition of patient perspective	This level is characterized by a physician's automatic, scripted-type response (back-channeling cues) to a patient's statement. These are minimal responses that do not truly acknowledge that the patient has been heard.
Level 0—denial of patient perspective	This response is characterized by the physician either ignoring the patient's empathic opportunity or by making a disconfirming statement.

From "Empathic communication coding system: Audiotapes and transcripts," by Bylund, and Makoul, 2004, Unpublished Coding Manual [37].

APPLICATIONS IN ABA-BASED AUTISM SERVICES

Behavior Analysis in Practice (2019) 12:654–666
https://doi.org/10.1007/s40617-018-00289-3

DISCUSSION AND REVIEW PAPER

Compassionate Care in Behavior Analytic Treatment: Can Outcomes be Enhanced by Attending to Relationships with Caregivers?

Bridget A. Taylor[1] · Linda A. LeBlanc[2] · Melissa R. Nosik[3]

Discussion and Review Paper | Published: 22 March 2021

Soft Skills: The Case for Compassionate Approaches or How Behavior Analysis Keeps Finding Its Heart

Jessica L. Rohrer, Kimberly B. Marshall, Colleen Suzio & Mary Jane Weiss

A Scientific Framework for Compassion and Social Justice

Lessons in Applied Behavior Analysis

Edited by Jacob A. Sadavoy and Michelle L. Zube

Behavior Analysis in Practice (2023) 16:763–782
https://doi.org/10.1007/s40617-022-00748-y

RESEARCH ARTICLE

Teaching Compassion Skills to Students of Behavior Analysis: A Preliminary Investigation

Jessica L. Rohrer[1] · Mary Jane Weiss[1]

Accepted: 16 September 2022 / Published online: 11 October 2022
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Behavior Analysis in Practice
https://doi.org/10.1007/s40617-023-00833-w

SI: COMPASSION IN APPLIED BEHAVIOR ANALYSIS

Kind Extinction: A Procedural Variation on Traditional Extinction

Courtney Tarbox[1] · Jonathan Tarbox[1,2] · Taira Lanagan Bermudez[1] · Erin Silverman[1] · Lauren Servellon[1]

Accepted: 18 June 2023
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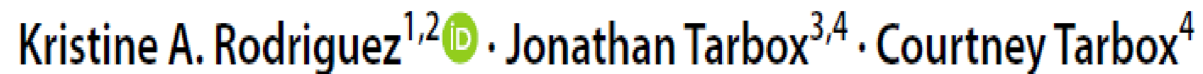
Behavior Analysis in Practice
https://doi.org/10.1007/s40617-023-00816-x

DISCUSSION AND REVIEW PAPER

Compassion in Autism Services: A Preliminary Framework for Applied Behavior Analysis

Kristine A. Rodriguez[1,2] · Jonathan Tarbox[3,4] · Courtney Tarbox[4]



Behavior Analysis in Practice
https://doi.org/10.1007/s40617-023-00816-x

ABAI Association for Behavior Analysis International

DISCUSSION AND REVIEW PAPER

Compassion in Autism Services: A Preliminary Framework for Applied Behavior Analysis

Kristine A. Rodriguez[1,2] · Jonathan Tarbox[3,4] · Courtney Tarbox[4]

Behavior Analysts:	Description
<u>Tenet 1</u>: Practice Noncontingent Compassion	Clients have a right to know they are **safe and cared-for** when under the care of behavior analysts.
<u>Tenet 2</u>: Prioritize Positive Reinforcement	Behavior analysts harness sustainable, beneficent, naturally available, **positive reinforcement** to enrich the therapeutic environment.
<u>Tenet 3</u>: Acquire Assent	Behavior analysts document methods for assessing caregiver consent and **client assent** at intake and throughout the treatment process (BACB®, 2020, 2.11, p. 11)
<u>Tenet 4</u>: Protect Dignity and Avoid Escalation through Use of Least Restrictive Procedures	Behavior analysts **protect dignity and promote safety** by relying on antecedent-based interventions that honor precursor communication/behavior, and that reduce the likelihood of behavioral escalation.

TENET 1: BEHAVIOR ANALYSTS PRACTICE NONCONTINGENT COMPASSION

- Client feels safe and cared for
- Comfort stimuli are provided non-contingently
- Therapeutic interaction is not based on compliance

TENET 2: BEHAVIOR ANALYSTS PRIORITIZE POSITIVE REINFORCEMENT

- Sustainable, naturally available, positive reinforcement to enrich the therapeutic environment
- Consequences rooted in positive reinforcement
- Build upon and expand existing repertoires (Goldiamond, 1974).

TENET 3: BEHAVIOR ANALYSTS ACQUIRE ASSENT

- Identify the desired results of treatment in collaboration with the client and caregivers (BACB®, 2020; Pritchett et al., 2021; Sylvain et al., 2022; Wolf, 1978)
- Document methods for assessing caregiver consent and client assent at intake and throughout the treatment process (BACB®, 2020, 2.11, p. 11).
- Monitor for withdrawal of assent
- Consider when we may be unintentionally coercing clients to give assent (Goldiamond, 1974).

TENET 4: BEHAVIOR ANALYSTS PROTECT DIGNITY AND AVOID ESCALATION THROUGH USE OF LEAST RESTRICTIVE PROCEDURES

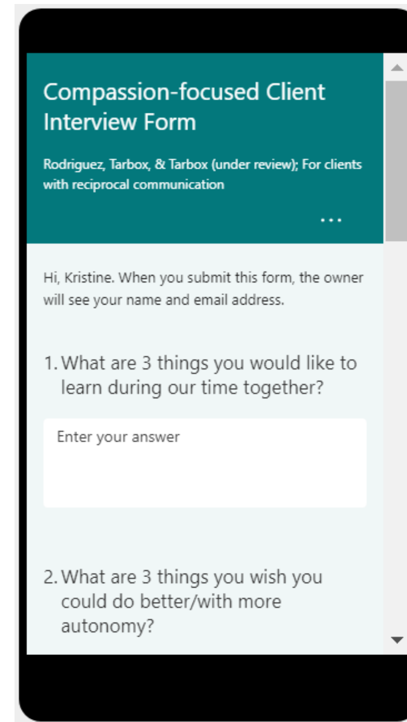
- protect dignity and promote safety by relying on antecedent-based interventions
- honor precursor communication/behavior to reduce the likelihood of behavioral escalation.
- support personal autonomy of all clients by refraining from physical management of challenging behavior, except when absolutely necessary to protect physical safety.
- Consider both long- and short-term effects

Job Aides

Job Aide:

Client Interview Form

Compassion Domain	Interview Prompt	Notes for Programming
Creating Context for Positive Reinforcement	What are 3 things you would like to learn during our time together?	
	What are 3 things you wish you could do better/more independently?	
	What happens when you feel happy and calm? (DESCRIBE your body, face, words, and/or voice)	
	How will you show me that you are ready to learn and want my help?	
	What are ways that I can help/prompt you when you're having a hard time? (E.g. Show you by doing it myself and giving you a turn; showing you in pictures or videos; helping you physically finish the task)	
	What are your favorite activities to do/games to play?	
Maintaining Personal Dignity and Preventing Escalation	Some of the things we work on together will be hard. How will you show me that you want to stop or take a break?	
	What happens when you feel nervous or overwhelmed? (DESCRIBE your body, face, words, and/or voice)	
Demonstrating Compassion	What are ways your family or I can help you feel safe and calm when you are upset?	
	How can I set up our environment (the areas we work in together) to help you feel safe and calm?	



A FRAMEWORK OF COMPASSION-FOCUSED ABA

- Job Aide: Client Interview Form

Job Aide:

Caregiver Interview Form #2

Creating Context for Positive Reinforcement	Why are you seeking ABA-based services for your child?	NOTES
	What 3 desires do you have for your family?	
	What 3 desires do you have for your child's well-being?	
	What 3 desires do you have for yourself as a parent?	
	What are ways you build/express a nurturing relationship with your child?	
Maintaining Personal Dignity and Preventing Escalation	While we work to implement compassion-focused programming, we will also challenge you and your child to strengthen skills that can be difficult and even uncomfortable. What are ways your child may indicate to that the session is overwhelmingly difficult for them?	
	What are ways you might indicate that session is becoming overwhelming for you?	
Demonstrating Compassion	What are ways, as a healthcare provider, I can demonstrate to you that I am hearing your concerns and upholding your values and priorities in the way I design this program?	
	What are ways the clinical team can demonstrate they are hearing your needs and concerns as we progress through the program?	

Compassion-focused Caregiver Interview Form (Copy)

Compassion-focused Caregiver Interview F...

Creating a Context for Positive Reinforcement

1. Why are you seeking ABA services for your child?

Enter your answer

2. What 3 desires do you have for your family?

Enter your answer

A FRAMEWORK OF COMPASSION-FOCUSED ABA

- Job Aide: Caregiver Interview Form

Job Aide:

Behavior Intervention Plan

Person-centered Planning	Behavior Reduction/Replacement Goal:	Behavior Management Plan Notes
	Describe how the client's needs, priorities, and preferences are being taken into account in this treatment plan	
	Describe how the family's values and priorities are being taken into account in this treatment plan.	
	Explain social significance of goal: necessary, appropriate, promotes client safety, dignity, and autonomy.	
	What environmental accommodations will promote physical and psychological safety for client and caregiver?	
Course of Behavior	Operational definition of harmful behavior targeted for reduction	
	Operational definition of precursor behavior (reliable, early-escalation indicators of distress)	
	Describe the most common antecedent events to precursor behaviors	
Informing Replacement Behavior and Strategy Selection	Hypothesized function (identify one, or define synthesized contingency if 2, e.g. tangible/escape, when preferred break activity is ended to present a demand); method of assessment	
	Describe the client's most consistent method of communication/indication of preference (e.g. symbol-based communication, reaching, 3-word phrases, pointing, leading by the hand, etc)	
	Trauma history reported by client, caregiver, or referral documents (designate source); strategies to omit	☐ Trauma history reported by (note source): ☐ Contra-indicated strategies to avoid, based on reported trauma history
Procedures	ANTECEDENT STRATEGIES: Provide procedural description of 1-3 antecedent strategies matched to the proposed function.	
	SHAPING REPLACEMENT BEHAVIOR: Provide procedure for strengthening communication repertoires, accounting for client's preference and least restrictive prompting* Describe consistent, contingent reinforcement of communicative intent, up to and including non-harmful precursor behavior.	
	CONSEQUENCE-BASED STRATEGIES: Provide procedural description of 1-3 consequence strategies matched to the proposed function; if extinction is used, describe environmental arrangements to improve therapeutic rapport during use/minimize risk of trauma**	
	TERMINATION CRITERIA: Describe conditions/escalation of behavior that indicate client is in crisis and implementation of plan should be paused while team focuses only on environment-focused safety protocols (see below)	
	CRISIS STRATEGIES: Describe ways to safely secure the environment (e.g. removing dangerous objects, relocating physically fragile family members). Describe required documentation for each crisis incident. NOTE: Physical restraint or restrictive procedures (e.g. time out) require advanced oversight, additional problem-solving, and prior authorization by BCBA-D, director, or senior behavior analyst	
Social Validity	CLIENT: Rate client's anticipated comfort level (based on initial assessment) with the plan procedures: if rated below a 4, revise procedures, with a focus on antecedent strategies and/or additional environmental accommodations	1 = Client demonstrates intense distress/crisis 2 = Client demonstrates harmful behavior (toward self or others) 3 = Client demonstrates moderate agitation and/or precursor behavior 4 = Client shows signs of minimal agitation 5 = Client appears relaxed/content
	CAREGIVER: Rate caregiver's comfort level with the strategies outlined above (1 is very uncomfortable with the selected strategies; 5 is very comfortable with the selected strategies; if rated below a 4, consult with caregiver to revise plan)	1 = Caregiver indicates they are extremely uncomfortable with any strategy 2 = Caregiver indicates they have concerns about any strategy 3 = Caregiver is somewhat hesitant in agreeing to plan 4 = Caregiver agrees to plan without hesitation 5 = Caregiver agrees to plan and states they are very comfortable with the selected strategies

NOTE: *Initially, communication modality should focus on ease of acquisition and client's preferred/baseline mode of communication. Once high-risk behavior is reduced, team may strengthen communication repertoires with stronger reinforcement potential in community settings.

COMPASSION-FOCUSED BEHAVIOR INTERVENTION PLAN

Person-centered Planning	Behavior Reduction/Replacement Goal:	Behavior Management Plan Notes
	Describe how the client's needs, priorities, and preferences are being taken into account in this treatment plan	
	Describe how the family's values and priorities are being taken into account in this treatment plan.	
	Explain social significance of goal: necessary, appropriate, promotes client safety, dignity, and autonomy.	
	What environmental accommodations will promote physical and psychological safety for client and caregiver?	
Course of Behavior	Operational definition of harmful behavior targeted for reduction	
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COMPASSION-FOCUSED BEHAVIOR INTERVENTION PLAN

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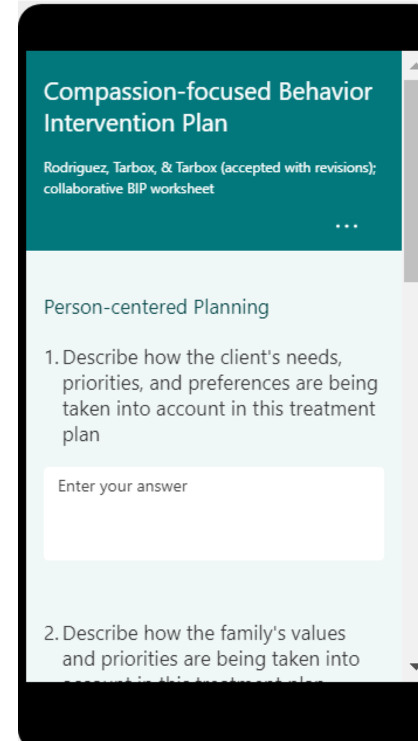

A FRAMEWORK OF COMPASSION-FOCUSED ABA

- Job Aide: Behavior Intervention Planning Worksheet

Expanding on Tenet 3:

Acquiring Assent to Prevent Severe Escalation

BRIEF OVERVIEW OF ASSENT-AFFIRMING PRACTICE IN ABA

Ethical Guidance (BACB®, 2020)

- Core principles
- Glossary
- Code items

Discussion papers

- Compassion-focused care
- Trauma-informed care
- Neurodiversity-affirming care

Literature Reviews

- Morris & Peterson, 2021
- Chazin et al., 2021

Research

- Participant social validity
- Functional communication training
- Enhanced choice model
- Rapport-building without extinction
- Choice-making protocols

Conceptual Papers

- Decision support for assent withdrawal

Journal of
Applied Behavior Analysis

Discussion Article

Participant assent in behavior analytic research: Considerations for participants with autism and developmental disabilities

First published: 18 June 2021 | https://doi.org/10.1002/jaba.859 | Citations: 17

Morris et al., 2021

- In a systematic literature review, Morris et al. (2021) identified 226 out of 23,447 behavior analytic studies included mention of “assent”
- Of these, 28 studies included detailed assent protocols
- Morris et al. conclude with a call to action to include explicit participant assent protocols in ABA-based services, consistent with ethical guidelines

Assent by Any Other Name….

- Escape-based
- Choice-making
- Approach behavior
- Enhanced choice model

Journal of Behavioral Education
https://doi.org/10.1007/s10864-021-09453-2

ORIGINAL PAPER

Reducing Escape without Escape Extinction: A Systematic Review and Meta-Analysis of Escape-Based Interventions

Kate T. Chazin[1] · Marina S. Velez[1] · Jennifer R. Ledford[1]

Accepted: 29 August 2021
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Chazin et al., 2021

- Concerns with escape extinction procedures:
  - Incorrectly implemented
  - Pair instruction with aversive stimuli
  - May result in harm to client and instructor
  - Poor acceptability rating

- Evaluating outcomes of escape-based interventions
  - Comparing escape-based interventions against control
  - Comparing escape-based against escape extinction procedures

- Participants/settings:
  - Age 1-49
  - Diagnosis of ASD and/or IDD, with 42% of participants multiply diagnosed
  - Mainly clinic settings; some school and in-home

Chazin et al., 2021

Table 2 Intervention components of escape-based interventions

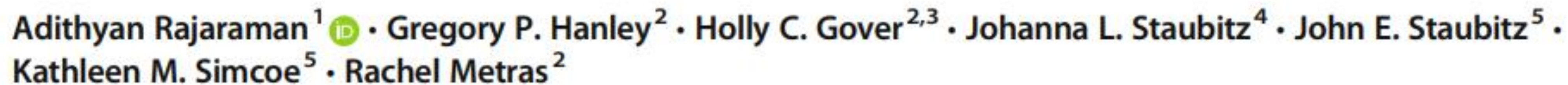
Intervention component	Definition	Examples
Antecedent modifications	*Environmental changes implemented prior to the occurrence of challenging or alternative behavior*	*See below*
Non-contingent access to preferred stimuli	Provision of preferred stimuli continuously or at pre-specified time intervals during intervention sessions	Continuous access to music (Carey & Halle, 2002), toys (González et al., 2014), earplugs (O'Reilly et al., 2000) or children's videos (Wilder et al., 2005); access to edibles on a variable time schedule (Ingvarsson et al., 2009; Lomas et al., 2010; Lomas Mevers et al., 2014)
Instructional modifications	Changes to instructional procedures to make instruction less aversive	High-probability request sequence (Zarcone et al., 1994a); math number line (Schmidt et al., 2014); math counters (McComas et al., 2000); choice in instructional task order (McComas et al., 2000; Romaniuk et al., 2002)
Pre-session access to preferred stimuli	Provision of preferred stimuli prior to the start of intervention sessions	Pre-session access to sensory activities (Addison et al., 2012), neutralizing routines (Horner et al., 1997), or preferred activities (e.g., listening to music; O'Reilly 2005)
Diaphragmatic breathing	Skill instruction in deep breathing into the diaphragm to increase tolerance to non-preferred stimuli	Take deep breaths to cause object on stomach to rise (Phillips et al., 2019)
Demand fading	Gradually increasing the response requirement prior to receiving access to reinforcement	Gradually increase task provision from 3 per session to 51 per session (Pace et al., 1994); or from 0 per min to 2 per min (Zarcone et al., 1994b)
Advanced notice	Provision of verbal or visual warnings prior to introduction of a non-preferred stimulus	Transition warnings (Vasquez et al., 2017)
Consequent manipulations	*Providing preferred stimuli contingent on alternative behavior*	*See below*
Equal escape for alternative behavior	Provision of equal quality/quantity escape contingent on alternative and challenging behavior	Aggression and compliance each resulted in 30-s break (DeLeon et al., 2001; LaRue et al., 2011; Piazza et al., 1997, 1998)
Differential reinforcement with escape	Provision of equal quality/quantity escape contingent on alternative and challenging behavior; preferred stimuli available only contingent on alternative behavior	Aggression resulted in 30-s break, while compliance resulted in 30-s of access to preferred activities (e.g., sensory activities, computer games; Piazza et al., 1997) or therapist attention (Piazza et al., 1998)
Differential reinforcement with no escape	Preferred stimuli available only contingent on alternative behavior, escape not available contingent on alternative behavior	Aggression resulted in 30-s break, while compliance resulted in access to small edible item and continued task directions (Carter, 2010; DeLeon et al., 2001; Lomas Mevers et al, 2014; Slocum & Vollmer, 2015)
Packages	*Combination of antecedent and consequent manipulations*	*Implementing functional communication training with pre-session skill training* (Adelinis et al., 2001; Kelley et al., 2002; Shirley et al., 1997)

Behavior Analysis in Practice (2022) 15:219–242
https://doi.org/10.1007/s40617-020-00548-2

ABAI Association for Behavior Analysis International

RESEARCH ARTICLE

Minimizing Escalation by Treating Dangerous Problem Behavior Within an Enhanced Choice Model


Adithyan Rajaraman[1] · Gregory P. Hanley[2] · Holly C. Gover[2,3] · Johanna L. Staubitz[4] · John E. Staubitz[5] · Kathleen M. Simcoe[5] · Rachel Metras[2]

Accepted: 21 December 2020 / Published online: 28 April 2021
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Rajaraman et al., 2021

- Highlights: avoided use of physical management; provided ongoing choice whether or not to participate in treatment
- Setting: 1) clinic setting; 2) replication to public schools
- Participant characteristics:
  - dangerous problem behavior that posed imminent risk to self or others (aggression, elopement to dangerous locations, severe tantrums)
  - escalation in the intensity of problem behavior when physical management was attempted (e.g. eloping to dangerous areas, requiring police intervention)
- Outcomes: no dangerous behavior during treatment; cooperation with nearly 100% of expectations

Article

Behavior Modification
2019, Vol. 43(2) 288–306
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DOI: 10.1177/0145445517751436
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Rapport Building and Instructional Fading Prior to Discrete Trial Instruction: Moving From Child-Led Play to Intensive Teaching

M. Alice Shillingsburg[1,2,3], Bethany Hansen[1,2], and Melinda Wright[2]

Shillingsburg et al., 2018

- DRA compliance/remaining in instructional area + escape extinction may result in aversive stimuli being paired with instructional context (Geiger et al., 2010)
- Compliance may increase and elopement from instructional area (or other escape-maintained behaviors) may decrease, but some of these responses may be maintained by negative reinforcement

Shillingsburg et al., 2018

- Participants:
  - 3-4 yr old
  - diagnosis of Autism
- Procedure:
  - demand fading (gradually adding in demands over time) within the context of rapport-building/instructional pairing
    - Begin by pairing instructional setting/instructor with highly preferred activities
    - Gradually introduce learning opportunities
- Measures:
  - Social approach and child initiation
  - Rate of escape-maintained behavior

TREATMENT CHOICE AS CLIENT SOCIAL VALIDITY

Behav Anal Pract. 2010 Spring; 3(1): 13–21.
Published online Spring 2010. doi: 10.1007/BF03391754

PMCID: PMC3004679
PMID: 22479668

Toward Effective and Preferred Programming: A Case for the Objective Measurement of Social Validity with Recipients of Behavior-Change Programs

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

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"Concurrent chains" procedure

- Client is given opportunity to make a choice response
- They are then given experience with the treatment option they chose

Similar to reinforcer assessment but for treatment procedures

EMOTIONAL STATE AS CLIENT SOCIAL VALIDITY

Behav Anal Pract. 2012 Summer; 5(1): 15–25.
doi: 10.1007/BF03391814
PMCID: PMC3546638
PMID: 23326627

Identifying Indices of Happiness and Unhappiness Among Adults With Autism: Potential Targets for Behavioral Assessment and Intervention

Marsha B Parsons, Dennis H Reid, Erik Bentley, Amy Inman, and L. Perry Lattimore

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- Identify individual, overt indices of happiness and unhappiness
- Increase contexts accompanied by happiness indices
- Decrease contexts accompanied by unhappiness indices

WHERE DO WE GO FROM HERE?

Reframing Problem Behavior & Response

Scenario: Child is presented with difficult task; child cries and tries to leave the instructional area

- Evidence-informed Observation: Child is engaging in problem behavior when presented with a demand.
  - Evidence-informed Response: Follow-through. Do not allow child to leave the area, and prompt them to complete the task.

Consider: "Escape-maintained behavior" may be described as overt withdrawal of assent to participate in learning opportunity

- Evidence-informed observation: Child is demonstrating a withdrawal of assent to participate in the lesson.
  - Evidence-informed response:
    - Re-engage child by creating an enjoyable learning environment. Re-establish therapeutic rapport. When child demonstrates active engagement, represent the learning opportunity and prompt as needed.
    - Continuously offer and honor choice to leave instruction

Pulling It All Together: Some Recommendations

- Explaining the procedure, assessing capacity to understand and make decisions, and inviting an expression of willingness to receive (Committee on Bioethics, Pediatrics, 1995, 2016)
- Elicit preferences even when it is necessary to override them (Wasserman et al., 2019)
- Promote choice and shared governance (Rajaraman et al., 2022)
- Antecedent modifications and consequent manipulations (Chazin et al., 2021)
- Offer ongoing choice whether or not to participate in session (Rajaraman et al., 2021)
- Through client and caregiver interview, determine individualized preferences (e.g. prompting procedures) and indications of assent, dissent, and distress (Rodriguez et al., 2023)

Pulling It All Together: Some Interpretations

- Explain procedure through a shared communication modality (see LaRue et al., 2016 for guidance) or brief procedural experience (Hanley, 2010) and create an explicit bid to participate
- Collaborate with client and caregiver to determine which goals are essential and meaningful and which procedures are preferred
- Offer choices within the teaching context and present and honor ongoing option to opt-out of learning opportunity
- Teach Behavior Technicians to
  - identify individualized indices of assent and dissent
  - respond in a way that honors communication and re-establishes rapport and engagement

Pulling It All Together: Measurement

- Procedural integrity
  - Bids for participation offered
  - Opt-out offered
  - Meaningful choices within instruction offered
  - Dissent honored
- Client affect
- Learning opportunities presented
- Skills Acquired
- Rates of dangerous escalation
- Social acceptability (client, caregiver, staff)
  - Meaningfulness of program goals
  - Acceptability of procedures
  - Impact of outcomes

Antecedent Interventions for an Assent-Supported Environment: Fidelity of Implementation Checklist

INSTRUCTOR BEHAVIORS	Pictorial (photographs/ drawings/ symbols)	Video	Written/textual	Spoken	Exposure to Sample of Options
Explains Procedures	❑	❑	❑	❑	❑
Asks/acquires permission before teaching	❑	❑	❑	❑	❑
Offers communication response for withdrawing assent	❑	❑	❑	❑	❑
Honors withdrawal of assent (communication response or non-dangerous precursor behaviors); pauses instruction and work to re-engage	❑	❑	❑	❑	N/A
Offers instructional choices (choice of tasks/order of tasks, instructional setting, materials, type of prompt, teaching procedure, reinforcer)	❑	❑	❑	❑	❑

FUTURE RESEARCH

Relationship between use of restrictive procedures and client escalation

Expanding procedural variations of extinction (Tarbox et al., 2023)

Replication of enhanced choice model (Rajaraman et al., 2021) across settings

FINAL THOUGHTS

Moving beyond the call to action…

Now is the time to build

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