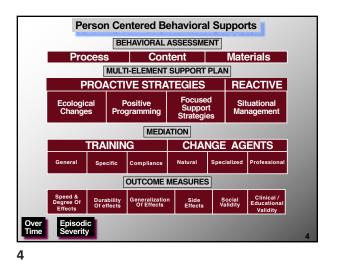
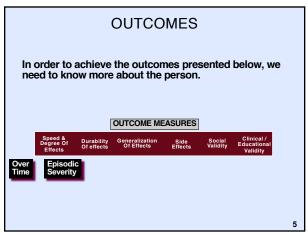




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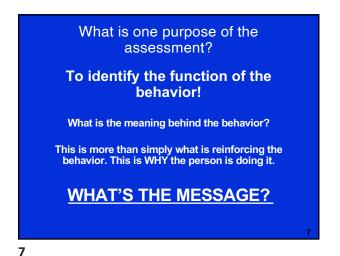






Functional Behavior Assessment Where do we get the ideas that drive the Ecological Changes? How do we identify the skills that need to be taught? How will be motivate the person? Where do we learn what to do and what not to do? Describe a way we might learn to react? WE GET THIS INFORMATION FROM THE **FUNCTIONAL BEHAVIOR ASSESSMENT**

5



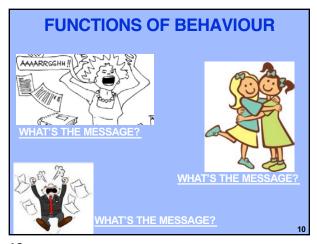
Functions / Meaning of Behavior From the Person's Perspective Linear Conclusion: Attention / Escape / Automatic / Tangible Increase / Decrease Sensory Stimulation "Go Away! - Tactile / Vibration "I Want." Intense Smell Lights Flickering "I'm Confused Acquire / Obtain **Manage Negative Emotions** Food (I'm really hungry.") Anger at Being Touched Anxiety Around Loud Noise Attention ("Please talk to Anger at Criticism Escape / Avoid **Social Interaction** Demand ("Don't talk to me that way!") Greeting Play Neurological / Psychiatric / Task ("It's too hard!") Medical

- Blood Sugar

8

| FUNCTIONS OF BEHAVIOR | | | |
|---------------------------|---|--|--|
| Traditional | Person-Centered | | |
| Attention Seeking | -To interact with others | | |
| Escape/Avoidance | -To prevent an upsetting situation | | |
| Tangible | -To communicate a want or need for an item | | |
| Automatically Reinforcing | -To fulfill my sensory needs independently -To express emotions/relieve stress | | |

9

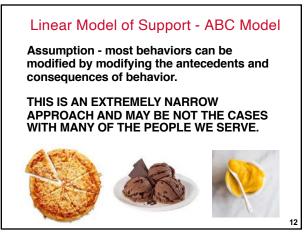


10

Linear Model of Support - ABC Model

ANTECEDENT - BEHAVIOR CONSEQUENCE

This model may not take into consideration a wealth of variables that might influence behavior... In other words, THIS MAY NOT WORK!



11 12

ETHICAL CONSIDERATIONS

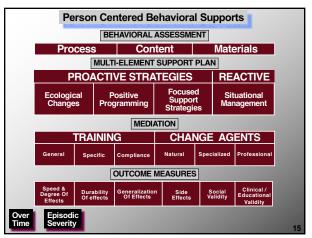
What are the ethics of changing the consequences for someone's behavior when they have no volitional control over that behavior?

What are the ethics of punishing someone for a behavior resulting from a skill deficit? Or forcing someone to do something that they do not understand?

When did we buy in to the belief that by looking at the immediate antecedents and consequences to behavior that we suddenly understand a whole person?

13

13 14



15

Functional Assessment

• Assessment Methods

- Information Gathering

• Review of records

• Interviews

• Observation

• Interactions

- Summary, Analysis and Synthesis

ETHICAL CONSIDERATIONS

Need information about the WHOLE PERSON

...COMPREHENSIVE FUNCTIONAL ASSESSMENT!

Their LIFE, their HISTORY, everything!

How do we get that info?

Assessment Methods

INFORMATION GATHERING
Direct Observation / Interaction
Probes / Role Play / Direct Manipulation
I wata and Colleagues: Social Disapproval (attention), Academic Demand (escape), Unstructured Play (control), Alone (self-reinforcement)
Records Review
Interviews
Rating Scales / Screening Forms
Mark Durand - Motivation Assessment Scale (MAS)
Reinforcement Inventory
Data Reduction / Analysis

Summary, Analysis and Synthesis
Report Writing: Putting together pieces of a jigsaw puzzle

owww > Som

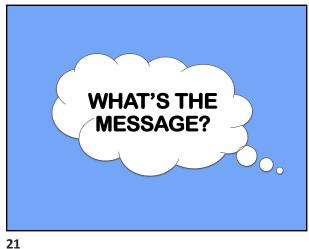
17 18





20

22



Case Study * Mikey and the 10-year BIP - Adopted at 4 - Successful kinder - 1st grade, bxs begin - worsen until 9th grade year put into 15 prone restraints in the school setting FULL, COMPLETE BEHAVIOR SUPPORT PLAN IN PLACE TO TREAT ESCAPE

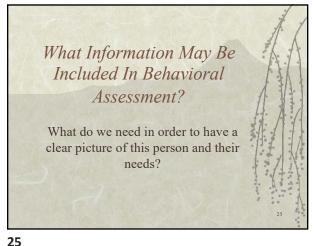
Mikey's Story

- Mikey's history:
 - Abandoned by mom/dad, in foster care at 3
 - Adoptive dads had not had children before
 - Dads have good cop/bad cop approach
 - School not completely honest about Mikey's performance
 - Suspended for challenging behavior first time in 4th grade
 - Prone restraint begins in 7th grade
 - Suspensions consistently increase over time
 - Behavior challenges consistently increase over time

Mikey's Story

- ❖ Target behavior identified in 2nd grade: Aggression and Oppositional Behavior
- Target behavior identified in 9th grade: Aggression and Oppositional Behavior
- Function identified in 2nd grade: ESCAPE
- Function identified in 9th grade: ESCAPE
- No history of treatment success...treatment continued for 7 years

26



Kanfer and Saslow, 1969 **Behavioral Diagnostics**

"A behavioral analysis excludes **no data** relating to a patient's past or present experiences as irrelevant."

The Behavior **Assessment Guide**

Thomas J. Willis Gary W. LaVigna Anne M. Donnellan

INTRODUCTION
BEHAVIOR ASSESSMENT GUIDE
IDENTIFYING INFORMATION.
REASON(S) FOR REFERRAL AND ASSESSMENT ISSUES.
BACKGROUND INFORMATION.
COMMUNICATION DOMAIN. COGNITIVE / ACADEMIC DOMAIN SELF CARE DOMAIN EMOTIONAL DOMAIN SOCIAL SKILLS DOMAIN MEDIATOR ANALYSIS

MOTIVATIONAL ANALYSIS

SUMMARY OF TARGET AREAS OR COMPLAINTS FUNCTIONAL ANALYSIS OF PROBLEM BEHAVIORS......
REINFORCEMENT INVENTORIES FOR CHILDREN AND ADULTS REINFORCEMENT INVENTORY FOR CHILDREN ... REINFORCEMENT INVENTORY FOR ADULTS... PREINFUNCEMENT IN THE PROPERTY AND RECOMMENDED

SUPPORT PLAN CHECKLIST REVIEW FOR WRITTEN REPORT

27 28

> The primary purpose of a CFA is to understand the meaning of the behavior from the person's point of view

· Community Skills

· Domestic Skills

Description Of The Person

· Communicative Abilities

· Motor / Perceptual Abilities

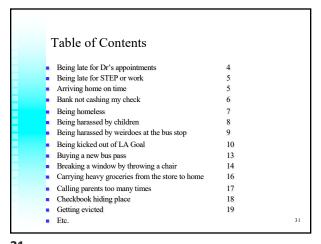
Likeability

· Self-Care Skills Social Skills

Overview of Functional Assessment Other Background Information Family History and Background · Living Arrangement · Program Placement · Health and Medical Issues · Eating / Sleeping Habits · Blood Sugar / Seizures · History of Treatment Functional Analysis of Beh 30

32

34



Arriving Late To Dr's Appointment

When I am afraid of being late for my Dr's appointment, I won't die.

Many people are late for Dr's appointments.

Dr's are often late for appointments.

There are lots of things I can do to make sure that I will be on time.

I can

Check my weekly planner to make sure that I won't forget my appointment time.

Leave early to give myself extra time to arrive at the doctor's office.

I can call the doctor and tell him that I might be late.

Make a new appointment if I have missed it.

31

Overview of Functional Assessment Family History and Background iption Of The Persor Living Arrangement Likeability · Program Placement · Cognitive Abilities Health and Medical Issues Eating / Sleeping Habits · Communicative Abilities Blood Sugar / Seizures Motor / Perceptual Abilities History of Treatment · Self-Care Skills · Social Skills · Domestic Skills Leisure / Recreation Skills

KEEP THE PURPOSE IN MIND!

This information is helpful in understanding the meaning of the behavior

from the person's point of view

From this information, we identify starting points for solutions to the mismatches and unmet needs we discover

By meeting the person's needs and understanding the behavior from their point of view, we can create a comprehensive treatment plan.

33

Overview of Functional Assessment Other Background Information Referral Information Family History and **Description Of The Person** Living Arrangement I ikeability Program Placement Health and Medical Issues Eating / Sleeping Habits · Communicative Abilities · Motor / Perceptual Abilities **History of Treatment** · Self-Care Skills Functional Analysis of Behavio · Social Skills · Community Skills · Domestic Skills Motivational Analysis Leisure / Recreation Skills 35 **MEDIATOR ANALYSIS**

 Will people be cooperative? Are the motivated to participate? Do they have the resources / skills to carry out the plan?

36

35 36

MOTIVATIONAL ANALYSIS

MOTIVATONAL ANALYSIS.

Most reinforcement is boring.

We need to identify reinforcers that are capable of motivating the person to PARTICIPATE

WE WANT THE PERSON TO PARTICIPATE IN PLAYING THE "TREATMENT GAME."

37

ECOLOGICAL ANALYSIS

A key feature of the assessment process.

The purpose is to determine whether there are any conflicts between what the environment is doing and the person's needs: such as teaching people in ways that they don't understand.

Again, this information is helpful in understanding the meaning of the behavior from the person's point of view

This is how we begin to identify solutions to the conflicts leading to challenging behavior.

38

37

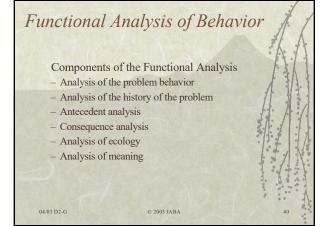
Functional Analysis of Behavior

Purpose of the Functional Analysis

- Learn the Meaning of the Behavior from the PERSON'S point of view.
- Learn the function(s) of behavior for the person.
- Incorporate our understanding of the person through understanding their history and from that, what the behavior means to them

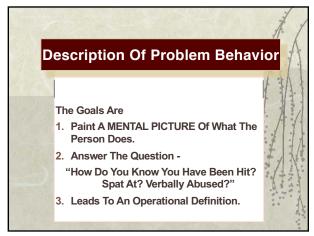
04/03 D2-G © 2003 IABA

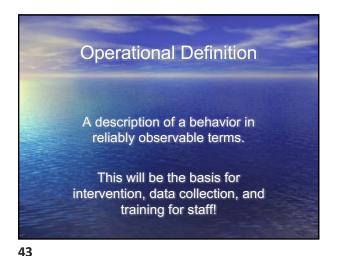
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Analysis of Problem Behavior Clear description serves several functions: • Accurate Data Collection • Consistent Implementation • Person better able to learn what is desired • Leads to an Operational Definition





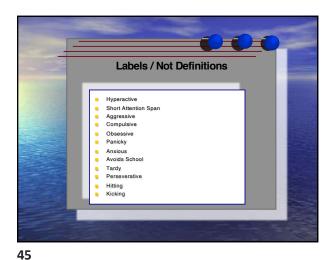
Inadequate Definitions
 Trish hits other students during recess when she does not get her way.
 Carlos makes irrelevant and inappropriate comments during class discussion.
 Behaviors associated with Attention Deficit Disorder, and

 Behaviors associated with Obsessive Compulsion, and
 His attention getting behaviors.

 Perseverative thinking, and

 Not on task, and
 Sometimes not situationally relevant.

44



More Inadequate Descriptions lots of temper tantrums · tried to go after bad tantrum me a number of times brief tantrum · attacked me tantrum all through the • wanted to scratch day · kick lots screaming tantrum · attacking me all the threw a fit kept going off · melted down came close to hitting got me good today wanted to bite a lot · went for my shirt lots of biting and kicking · went for my fingers

46

Inadequate Descriptions that
Stigmatize

Dangerous Assaultive Outbursts
Whining
Defiance
Terrorizing Others
Sexually Assaultive
OCD Behaviours

Five Components of a
Behavioral Definition

Topography of Behavior
Cycle of the Behavior (onset/offset)
Episodic Severity (LaVigna and Willis, 2005 –
Journal of Positive Behavior Intervention)
Course (progression) of Behavior
Strength of Behavior
VOccurrence
VEpisodic Severity

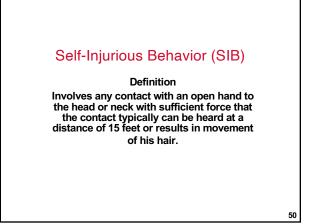
Elizabeth Hughes, Ph.D., BCBA and Lori Ann Dotson, Ph.D.

Topography of the Behavior

- What exactly does the person DO to behave in a particular way?
- What are the physical characteristics of the behavior?
 - What does the behavior look like?
 - What does the behavior sound like?
 - What does the behavior SMELL like?
 - What does the behavior TASTE like?
 - What do other's report? What does the person report?

PAINT A PICTURE!

49



50

52

49



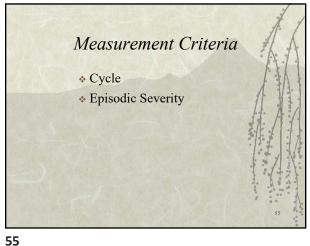
Target Behaviors Off Task On Task Tardy Profanity Noncompliance Verbal abuse Inappropriate sexual behavior Inappropriate touching

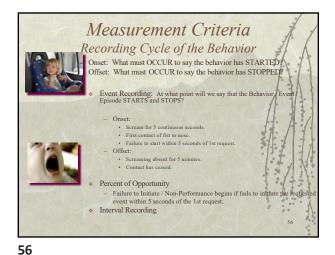
Flatulence (Fart) Analysis

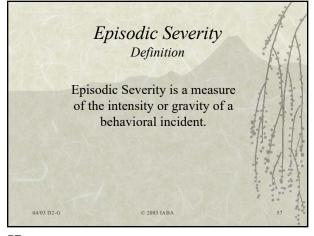
- * Freep. Squeaky type of flatulence, as if a large amount of gas is struggling to get through a narrow opening.
- * Boomer. Loud enough to be heard at least fifty feet away, with a duration from three to five
- * Bubblie. Disgusting. The Wet Variety.
- * SBD (Silent But Deadly).

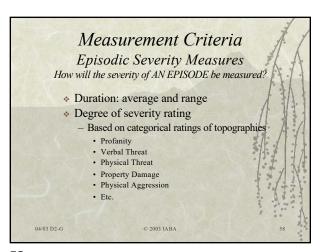
Flatulence (Fart) Analysis

* SDB (Silent But Deadly) When a noise is heard it is a very characteristic "WHOOOSSH" sound. This is a very sneaky type of flatulence and would be useful for battlefield conditions of fumigation.

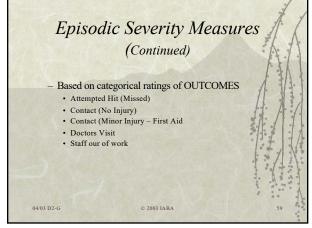


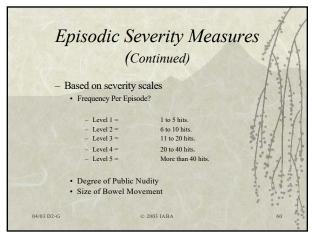






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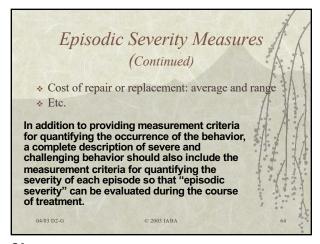
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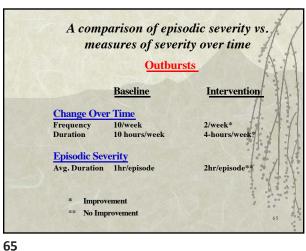


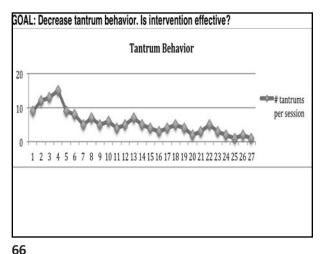


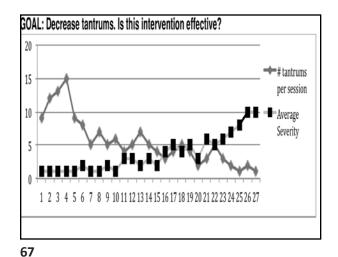
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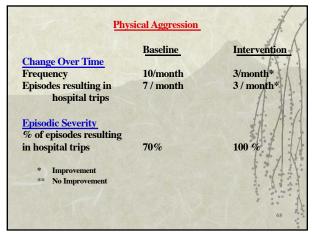




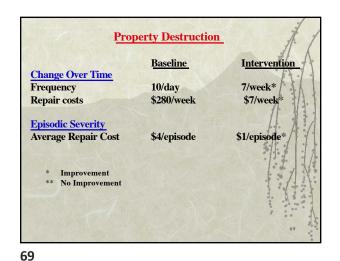


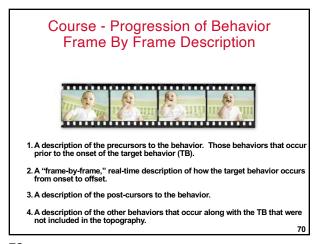




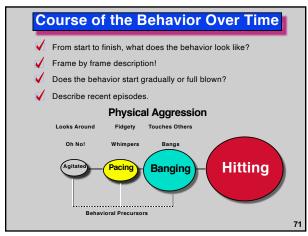


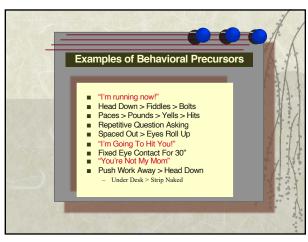
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74

76

In some instances there may be NO warning signs at all. The behavior may just START. In some instances there may be NO gradual de-escalation. The episode may just STOP. *There may be multiple courses:* May differ depending on where and with whom.

73

Strength of Behavior * Occurrence Over Time (How often does the behavior occur per unit of time?) - Rate per day / week / month - Number of hits per hour, aggression per week Severity over time · Duration per hour / day / month · Number of items broken per day / week / month - % of Opportunities per day / week / month - % of Intervals per day / week / month – Where do we get this info? · current data/interviews/observations/records - KEEP YOUR OCCURRENCE CONSISTENT:

Strength of Behavior Episodic Severity Average duration of a tantrum (High and Low) - Average damage per episode (High and Low) % of episodes that result in hospitalization - Percentage of episodes that exceed a "4" rating on the severity scale. Quality of Life Effects How intense each episode is may have far more impact on a person's quality of life than how frequently the behavior is occurring

Quality of Life Outcomes Living arrangement Freedom from restraints Frequent family contact **Community participation Choice and control**

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History of The Behavior Early days-no focus on hx, not important Here and now! What can history tell us?
Consequences that are not effective
How the bx started
Treatment of choice VALUES if we are making person-centered plans...probably good to know who the person is and how they got to be where they are 77

History of the Problem Behavior Determine the RECENT and LONGTERM history of the behavior. Is HISTORY important? The MYTH of Unimportance. The Here and Now! Implication of a good HISTORY. Benefit of the doubt (Danny)
Origin of behavioral challenges (Gia) Type of treatment strategy (school refusal) Mediation improvement (Jake) 78

History of the Behavior
Key Questions

• When did the behavior first appear?
• The impact of a long history.

- More opportunity for reinforcement.

- Greater habit strength.

- Slower treatment progress.

- THE LONGER THE HISTORY THE LONGER IT MAY TAKE TO HELP THE PERSON GIVE IT UP

• Does the behavior cycle from high to low at regular intervals? Historical Cycle?

- Self-injury and operant vomiting.

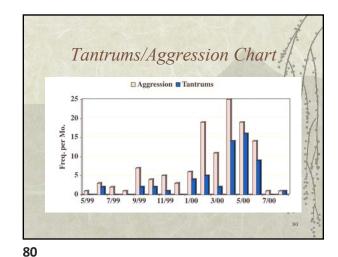
- Cycling problems: psychiatric, menstrual, medical

- Bi-polar

- Schizophrenia

- Anniversary events

79



Tantrums/Aggression Chart

Aggression Tantrums

Aggression Tantrums

Aggression Tantrums

Aggression Tantrums

Aggression Tantrums

Aggression Tantrums

History of the Behavior
Key Questions

- Have there been any recent
INCREASES or DECREASES in the
behavior?
- May help identify reason for problem!

- Have there been any SUDDEN
CHANGES in the person's life?
- Changes in residence/
- Change in school or bus schedule?
- Daylight savings time?
- Full moon
- POSSIBLE SETTING EVENTS

81

History of the Behavior
Key Questions

- Have there been any UNIQUE
UPSETTING events?

- Divorce?

- Marital discord?

- Loss of a loved one?

- Sexual or physical abuse?

- Financial problems

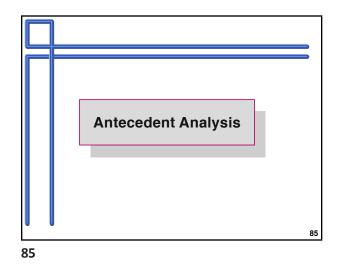
- Loss of placement

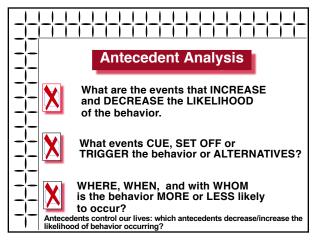
- Change that might be overall positive, but still a change to the flow of life

- History can reveal information that allow us to understand meaning of the behavior



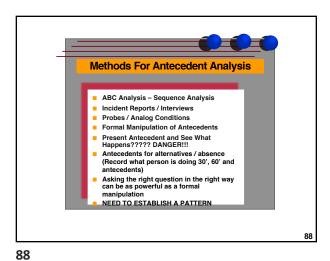
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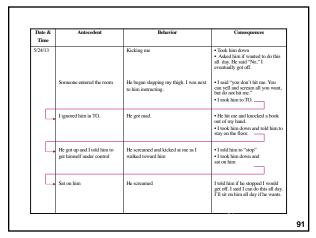
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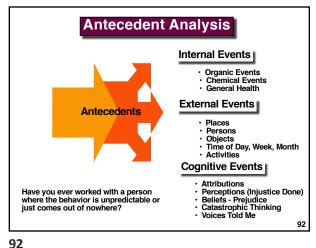




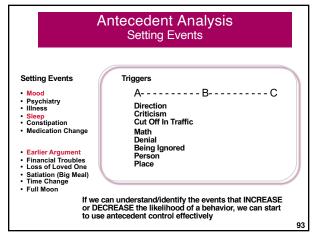
| Date & | Ante | cedent | Behavior | Consequences |
|--------|---|----------------------------|---|--------------|
| Time | | | | |
| | in very a | | He had to be persuaded to do his morning work. | |
| | | g to him, _ h led at | | |
| | WHAT'S | THIS?? | The afternoon was very good. He was very polite when he went to the office and earned | |
| | Events that occur long before the behavior that still impact the behavior occurring | | computer time. | |

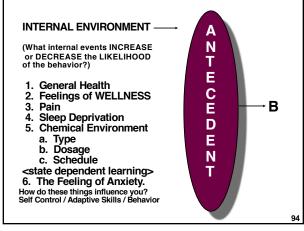
| Date & Time | Antecedent | Behavior | Consequences |
|----------------|---|--|--|
| 4/23/13 | On way to restroom | Student asked to use the restroom | |
| 11:50 AM | On way to restroom OS called him "Fatso" | Began cursing "FYou," gave finger and threatened to kick OS's ass | Asked Student to ignore OS |
| | Returned to class after using bathroom | Looking for OS Called out for OS. Threatened to "kick his ass" | I asked Student to come to class |
| \Box | I asked Student to come to class | He refused | Asked BS if Rod was around |
| \Box | Asked BS if Rod was around | Began to yell "No, no" | If you come to class you can talk to Rod |
| \Box | If you come to class you can talk to Rod | Became very angry, started yelling and kicking | I tried to open the door to get help |
| \Box | I tried to open the door to get help | He began kicking me. I had to hide behind my desk. | Rod entered the room. |
| <u></u> | Rod entered the room. | He began throwing the desks and saying "keep away" | Rod took him down |
| | | | |
| | | | |



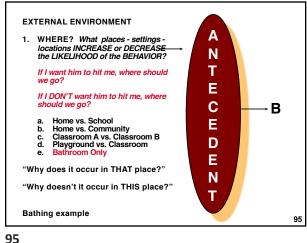


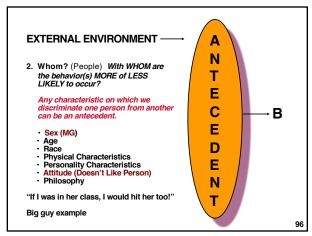
91

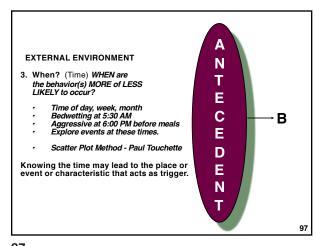


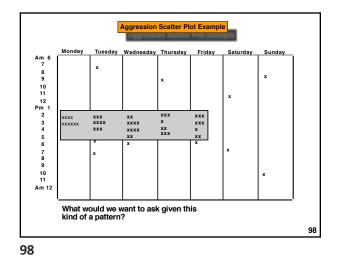


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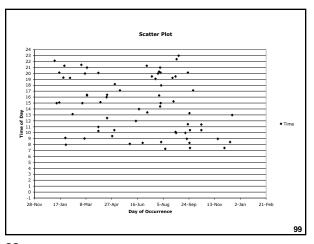






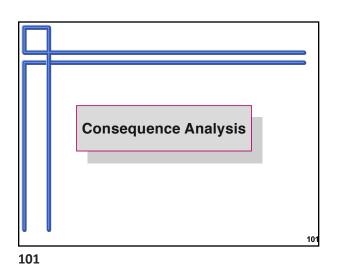


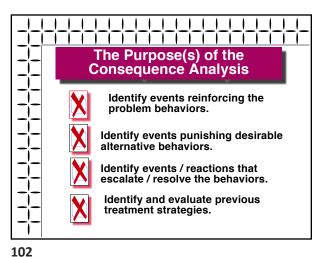
97



EXTERNAL ENVIRONMENT What? (Events / Activities What specific events INCREASE or DECREASE the LIKELIHOOD of the BEHAVIOR(S)? N If I want him to hit me, what would I have to do? Top 10? E If I DON'T want him to hit me, what would I have to do? Top C В Е Demands vs. Requests Math vs. History Interactions (dignifying or not) Teasing / Criticism / No / Evil Eye D Enter Personal Space Noise vs. Quiet Number of Persons in Room E N Five math problems vs. 10 15 minute task vs. 30 minute Do your math! Would you please ?
Tour at center-based program
Take 2—I want to play not learn sharing

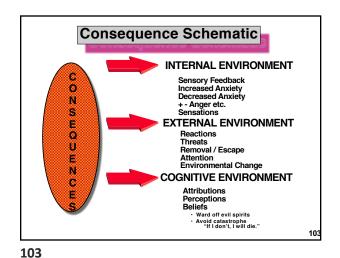
99





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Elizabeth Hughes, Ph.D., BCBA and Lori Ann Dotson, Ph.D.



| Examples of Internal Consequences | | | |
|---|--|--|--|
| BEHAVIOR | CONSEQUENCE | | |
| Hyperventilation Holds breath | Dizzy Dizzy | | |
| Taking Drugs | High Escape anxiety | | |
| Bites Finger Nails | Reduces stress | | |
| Excessive Alcohol Use Masturbation | Relieves pain ?????? | | |
| Genital Manipulation | Feels good Reduces discomfort | | |
| Assaults | Relieves stress / anxiety Relaxing | | |
| Eating | Relieves stress / anxiety | | |
| Self stimulation | Visual feedback Relieves stress / anxiety | | |
| Head=banging→vibratory sensationvibrating pillow as alternative Rectal digging→people put clothing on that preventsbut what if its constipation? INTERNALLY MAINTAINED BEHAVIORS 10 | | | |

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How do you know that a behavior is maintained by INTERNAL EVENTS?

- · Occurs when alone
- · Occurs when alone or with others
- · Not related to distinct external triggers
- · Not effected by external consequences
- · Resolves when similar stimulus is applied
 - Sensory Diet
 Perceived Sensory Stimulus
 - Perceived Sensory Stimulus

 Vibrator
 - Availability of Food - Gum

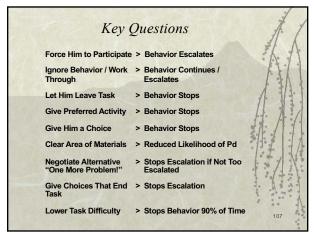
Be cautious of over-attributing sensory/internal function to people with autism—common misattribution leading to ineffective treatment

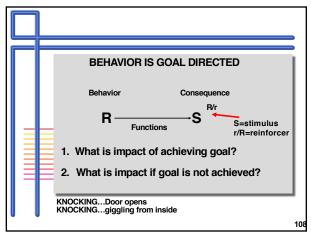
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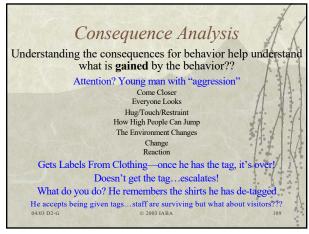
Key Questions In The Consequence Analysis What Is The Immediate **How Do People React Effect On The Behavior** When The Behavior When People React? Occurs? - Screams Louder Ignore Grabs / Screams - Walk Away - Smiles and Stops - Yell Behavior Stop - Give In MOMENTARY MOTIVATION FOR THE BEHAVIOR WHAT ARE THE LONG-TERM EFFECTS OF REACTIONS? 106
Worsen? Improve? Remain Same?

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Consequence Analysis

What do you do? He remembers the shirts he has de-tagged. He accepts being given tags...staff are surviving but what about visitors???

What do we do?
STIMULUS SATIATION

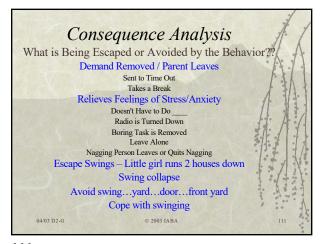
Garment district...explain what we do, get tags!
Got boxes and boxes and boxes of tags
Put them out around in the environment
Dove into the box

AFTER THAT NEVER WENT AFTER OTHER TAGS

Always had tags in his pockets in the community

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What Programs Have Been Used
To Manage Behavior?

What Programs Have Been Effective?

What Programs Have Failed?

Why?

Implementation Issues?

Rules of Good Contingency Management?

Ever Implemented?

Consistency?

Client's Cognitive Ability / Understanding?

What Programs Have Failed?

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111 112

Some Rules of Reinforcement EVERY PROGRAM HAS A METHODOLOGY Meaningfulness to the person served Contingency of Reinforcement - person knowing the rule Deprivation / Satiation Immediacy of Reinforcement Frequency of Reinforcement Amount of Reinforcement Amount of Work Required -- too much work, might not work! Reinforcer Novelty Reinforcer Variety Reinforcer Sampling Rule (Exposure) Competing Contingencies Schedules of Reinforcement Size of DRO Interval Tangible Monitoring System for DRL Concrete Presentation And So On

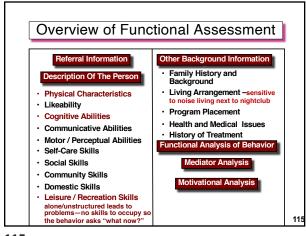
Comes from the background, where they lived, worked, how things are done, level of service, etc.
Trying to identify if there is a mismatch leading to the challenging behavior
Identify mismatches between the person and some aspect of the ecology and repair it to decrease challenging behavior
That may contribute to the behavior challenge and / or
Detract from the person's quality of life.
MISMATCH IN THE PERSON'S LIFE
Where do we get this information? change slide

Ecological Analysis: Purpose

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Physical Factors
Interpersonal Factors
Programmatic Factors

Label the
mismatch, identify
the fix

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Analysis of the Function /
Meaning of the Behavior

From The Person's
Perspective

Analysis of Meaning / Function

Description of Person
Strengths
Weaknesses

Other Background
Family
Living
Programmatic
Training

Motivation / Mediator Analysis

Health
Treatment

Functional Analysis
Description
History
Antecedent
Consequence
everything has a rationale from the information you have gathered

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Functions / Meaning of Behavior From the Person's Perspective ommunication Increase / Decrease Sensory Stimulation "Go Away! "I Want." Tactile / Vibration Intense Smell Lights Flickering "I'm Confused Acquire / Obtain Manage Negative Emotions Food (I'm really hungry.") Anger at Being Touched
Anxiety Around Loud Noise Attention ("Please talk to me!") Anger at Criticism Escape / Avoid Social Interaction Demand ("Don't talk to me that way!") Neurological / Psychiatric 119 FUNCTIONS OF BEHAVIOR

Traditional Person-Centered

Attention Seeking -To interact with others

Escape/Avoidance -To prevent an upsetting situation

Tangible -To communicate a want or need for an item

Automatically Reinforcing -To fulfill my sensory needs independently -To express emotions/relieve stress

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The Inferential Leap HYPOTHESIZED FUNCTION

- Jesse's SIB
 - ◆ FUNCTION: Attention
 - Message: Don't leave me! I don't know if you're ever coming back!
- School refusal

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- FUNCTION: Escape
- Message: "I'm terrified of dogs"

The Inferential Leap

- Gia's glass breaking
 - FUNCTION: Attention/Escape
 - Message: This is the only guarantee I have that anyone will help me or interact with me
- Jake's aggression
 - FUNCTION: Attention/Express Emotions
 - Message: Everyone in my life disappears— I can't stand to lose you, too!
- Hypotheses tested in treatment

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Analysis of the Meaning of Behavior

- Implications—what do you do?
 - Teach better ways of communicating
 - Teach better ways of reducing stress, anxiety, frustration
 - Teach better social/play
 - . If the skill is absent teach it
 - If the skill is present but underutilized increase its use
 - Neurological Consultation
 - Specialist in Treating PTSD

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Stimulus Control

Definition

In the presence of certain stimuli, the behavior is more or less likely to occur.

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Examples of Stimulus Control

- Telephone rings >>>> Answer the phone
- 11AM >>>>> Look for mail
- Take off clothes >>>> Back of the public bus
- Stop sign >>>>>> Stop
- 8 PM >>>>>> Telephone appointment

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Establishing Stimulus Control: Method

A -----> B ----> C

Condition 1: Reward

Sd -----> Sr Reward

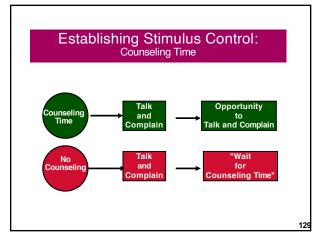
Condition 2: Extinction

Sd -----> R ----> Sr No

Bell > run around the class, have fun, visit your neighbors.

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Establishing Stimulus Control Examples

- Masturbation
- Self Injurious Somersaulting
- Talk Time
- · Breaks in Classroom
- Sucking Thumb A Time and a Place
- Taking Off clothes
- Bizarre / Psychotic talk
- Compulsive Coffee Drinking
- Obsessive Compulsive Hand-washing
 Obsessive Compulsive Retracing
- Running Time

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Implementation Issues

- Choice of Target Behavior
 - Perseverative Behaviors (High-rate stereotypic behaviors, some problematic verbal and sexual behaviors)
 - Don't establish stimulus control over dangerous, damaging behaviors. In those instances, Use antecedent control (e.g., punching bag...maybe).

Implementation Issues

- Selection of the Reinforcer
 - Mostly intrinsic (i.e., occur as a function of engaging in behavior)
 - Sometimes need extrinsic reinforcer to get started.

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Antecedent Control Strategies

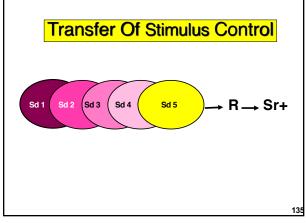
- Used With Very Serious Behaviors
- Involves:
 - Identification of stimulus conditions where behavior does and does not occur through an "Antecedent Analysis",
 - Use of this information to insure the absence of the problem behavior.

Examples of Antecedent Control

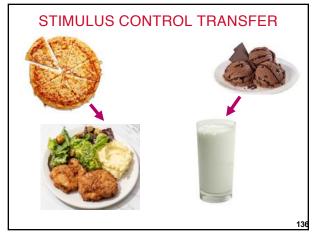
- Finger / Finger / Throw When Criticized
- Only Hits Large Men
- Does Not Assault Women
- Only Misbehaves in Mrs. Brown's Class
- Refuses When Forced; Not When Asked
- **Lurches At Door When Open**
- Spits When Closer Than 2 Feet
- roperty Destructive & Setting Table
- Misbehaves When In Back Of Class
- Shoots At You When Give Finger Assaults When You Say "Better Not"

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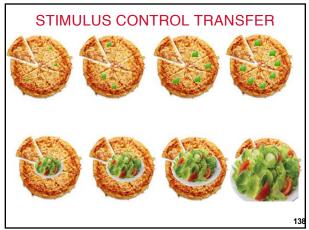
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Stimulus Satiation

- The continuous and noncontingent availability of the identified reinforcer maintaining the undesired behavior
- thereby weakening its effectiveness and reducing the rate of the defined behavior

Satiation

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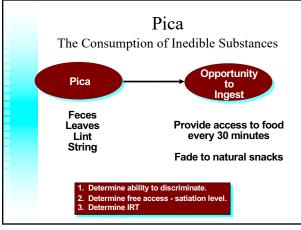
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Examples Pica Seeking person Tantrums for Attention Peeping Hoarding bouncy balls Stealing Cars Examples Scavenging Breaks Getting a drink "Go home, go home!" Chewing on clothing

Pica

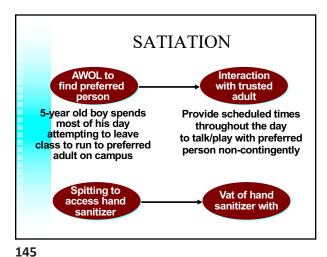
- Young man (JS) eats feces, grass, leaves, lint, food, dust bunnies.
- Discrimination Test
- Incidents occur about every 45 minutes.
- Assessment established preferences through structured access every 30 minutes.
- Behavior maintained by opportunity to eat.
- Provide access to food about every 30 minutes.
- Fade to natural times to eat.
- Incidents of Pica decreased dramatically.

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Hoarding and Scavenging Visual Stimulation **Tinfoil** 30-year-old Provide different woman spends grades of tinfoil in the much of her time facility. One grade for in community free, other as reinforcement. collecting bits of tinfoil Collection to Get Labels

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Variations

- Continuous availability.
- Non-continuous availability, but significantly greater than free-access level.
 - Scheduled delivery.
- Distinguish from "Overcorrection (OC)."
 - OC focuses on response not reinforcer
 - Satiation focuses on reinforcer.
 - NO FORCED RESPONDING.
 - Not NEGATIVE PRACTICE.

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Implementation Issues

- Analysis of identifying reinforcer.
- Noncontingent availability.
- Continuous high-levels of availability.
- Indefinite availability or bring under stimulus control
- Natural availability
 - Meals
 - Therapy
 - Whenever you ask (Snack, get it yourself)
- Use in combination with positive programming
 - Stimulus Satiation Teaches Nothing

PROACTIVE STRATEGIES

- For the most part, these change/alter the treatment program, not the person in treatment
- Proactive focus shifts responsibility for the agency of change being on the provider rather than on the
- All of these interventions we talk about are what the treatment providers should change to improve the behavior, not what the person needs to change about themselves for there to be behavioral improvement 148