



A quarterly publication dedicated to the advancement of positive practices in the field of challenging behavior
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Severe and Challenging Behavior: Counter-Intuitive Strategies for Crisis Management Within a Nonaversive Framework

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*Editors' Note: The Multielement Model has evolved gradually over the years. One of the areas that has developed most dramatically has been that of reactive strategies and emergency management of and for behavioral crises. While those of you who have attended our two-week training institutes and longitudinal training programs would have received a copy of our monograph concerning **Emergency Management Guidelines**, we have totally revised that monograph and plan to publish it later this year as **Challenging Behavior: Reactive Strategies and Emergency Management Within a Nonaversive Framework** (Willis & LaVigna, in press). The following article presents some of the material we discuss in the monograph and is based on a presentation Gary gave at the Positive Programming Conference sponsored by St. John of God in Dublin, Ireland, in April 1995.*

Applied behavioral analysis has been very useful in the development of positive approaches for supporting people with severe and challenging behavior (LaVigna & Donnellan, 1986). In fact, the nonaversive strategies that have been developed are based on the same fundamental premise as the punitive strategies; that **behavior is a function of its consequences, under certain conditions**. In the research that has been carried out in both the experimental analysis of behavior and applied behavior analysis, we have not seen a single piece of evidence, a single study, a single sentence that would support a conclusion contrary to the following statement: If *you*

have a behavior that could be changed through the use of aversive contingencies, then it could also be changed through positive contingencies. Our confidence that this statement is true, your belief that behavior can be changed through positive strategies, as well as punitive ones, has helped evolve the field of Positive Practices.

As that field developed, many of us became concerned that something was being lost; something was missing in what we were doing. What was it? The answer is, "The PERSON." When you think about the thousands of behavioral studies that were published beginning in the 60's through the 90's, you probably recall those the graphs which showed such dramatic decreases in the TARGET behaviors. The tragedy, however, is do you remember anything about the PERSON, the SUBJECTS? Probably not. Do

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Editors' Note...

In this issue of *Positive Practices*, we introduce in written form for the first time, the concept of using certain counter-intuitive strategies to prevent behavioral crises and for getting behavioral crises under rapid and safe control. These methods only make sense within the multielement approach and we hope you find them both interesting and provocative. Again, we invite questions and comments.

For our behavioral definition and sample protocols we have included contributions from Sue Hines, who came over from New Zealand last summer to attend our eighth annual Summer Institute. Sue's participation during the Summer Institute was impressive and we are happy to include some examples of her work here.

We are also very proud of Roberta Hoffman, a strong self advocate, to whom we have the pleasure of providing services. She was asked to present at last years Supported Life Conference in California and has agreed to let us publish a version of her talk in this issue of *Positive Practices*.

Finally, we have included yet another example of a PSR application for your information. This one was submitted by Amy Taub, who participated in the two-week training institute we provided in Montana two years ago. The PSR system is getting a lot of recognition from around the world as a particularly applicable Total Quality Management system for Human Service Agencies. Needless to say, we are thrilled by the growing acceptance of the PSR and will feature additional articles in the future illustrating its various applications.

Enjoy!

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Quality Assurance: What Made it Work For Us

Amy Taub, *Quality Life Concepts, Inc., Great Falls, Montana*

Editors' Note: Amy Taub presented a version of this paper as part of a panel presentation; "Periodic Service Review: The Results of Replicating a Management System" at the 1996 TASH Conference in New Orleans, Louisiana November 1996.

Introduction:

A number of changes have occurred in our field over the last several years that have caused service providers to become more responsive and more accountable to the consumers of services that we provide. One of the most exciting changes, that has certainly produced challenges for all of us, is that consumers, advocates, and families have learned to assert themselves. They now know what services they want, how to get them, and often they are not willing to "settle" for anything less! This has provided us the opportunity to take a close look at the services we provide and scrutinize the quality of services to determine if the expressed needs of consumers are indeed being met. We are all becoming increasingly aware that service provision is becoming more competitive, and if we are not meeting consumer needs as they perceive them, consumers will go elsewhere to get those services! Quality service provision is imperative to survive in the current market.

How do you determine whether services are of the highest quality? Services are becoming increasingly comprehensive, i.e., we are now providing support to consumers in a wider variety of areas, in creative ways that involve more people in the community, and are therefore increasingly more difficult to monitor. Our agency determined that it was necessary to develop a quality assurance system to assist us in monitoring what we were doing and how we were doing it. The goal was to ensure that services being delivered truly met the needs of consumers and were consistent across all service locations.

Quality Life Concepts, Inc. is a pri-

vate nonprofit corporation located in Great Falls, Montana that provides long-term community living services for 110 individuals with developmental disabilities, ages 14 through 96. Approximately 80 people receive community living support and habilitation services from our agency. Thirty-one people live in their own apartments or houses throughout the community and the remainder live among 12 group homes. Simply stated, we support many people with varying needs in numerous locations throughout the community. Obviously, ensuring that the agency's standards of quality service delivery are being met throughout the department is, at best, difficult.

Quality Assurance: Where We Were and What We Needed

When we set out to design a quality assurance tool, our goal was to ensure that services provided in all service locations were high quality, individualized services based on consumer need, and that they did not vary from location to location. What services looked like would, of course, vary because of the varying needs of persons served, but it was imperative that the processes used to determine needs, prioritize needs, and implement supports to meet identified consumer needs be the same across the entire department.

For many years, service quality varied across service locations — services were not always driven by the needs of persons served — but rather by the varying needs, experience levels, motivational levels, and priorities of the staff working in each service location. Services changed when staff (or their priorities) changed. There was no one way of ensuring consistency of anything! This posed a problem for two reasons. It was important that services provided by this agency be based on the needs of persons served — that they be consumer driven. It was also important that job duty performance expectations of a position were the same across the entire department, regardless of the service location where the job duties were performed. We aimed to establish clear standards of expectation in two areas: performance of job duties and consumer services, as well as to establish a consistent measure whether these standards were being met. Additionally, we wanted to increase our ability to address a potential "hot spot," to trouble shoot early, so the hot spot did not ignite and blaze!

We used a number of monitoring tools to monitor portions of service implementation: training book reviews (to monitor implementation of Individual Support and Habilitation Plans; medical file reviews to ensure that records were maintained according to agency standards and that consumer medical needs were met; and, safety and cleanliness checklists to en-

sure that facilities operated by the agency were well maintained and met licensing standards). We used a number of tools to monitor a number of things but it was not working well. The tools in place were complicated and very time consuming. More importantly, they did not tie every-

ownership of the design and initial implementation. We took this beyond the commonly touted idea of “some ownership” to encourage “buy-in”. When looking back to the beginning, this is definitely the most important aspect to our successful implementation of the PSR. Furthermore, it is important to understand that the PSR system is a positive system that delineates successes and further opportunities for growth. It is not designed to be punitive to staff.

We took this beyond the commonly touted idea of “some ownership” to encourage “buy-in.”

thing together in a way that made sense to direct service staff. Furthermore, monitoring was not occurring frequently enough to trouble shoot early — to provide additional staff support and training when the need first arose. It was evident that in order for service delivery to flow smoothly, we needed a single comprehensive system of quality assurance that met the following criteria: it must measure both process and outcome in a wide variety of areas, tie all the pieces together, be easy to use and understand.

What We Did and How We Got There

In April 1995 the Community Living Services Department (CLS) implemented a comprehensive quality assurance system developed by LaVigna, Willis, Shaull, Abedi and Sweitzer (1994) called the Periodic Service Review (PSR). The use of this system has significantly affected the quality of services within the department. It has probably had more impact than all the systems combined that have been implemented in the last 10 years. Significant change occurred immediately after implementation, and continues to occur 1-1/2 years later!

We felt that in order for a quality assurance system to truly work; i.e., ensure the consistent delivery of high quality services, staff needed to have total

Timeline

The summaries offered below paint a reasonable picture of the activities CLS engaged while implementing the PSR. Also offered in this section are anecdotal comments that demonstrate some of the “growing pains” with which we were having to grapple.

February and March, 1995

CLS formed a voluntary Task Force to develop the system. The composition of the Task Force included supervisors, resource consultants and, most importantly, direct service staff. Serving as the facilitator of the Task Force meetings, the CLS Director specified four broad areas that the PSR would address: General Program Activities; Habilitation and Support; Health/Safety; and, Staff Development.

Described below are the five steps that the Task Force determined needed to occur to implement the PSR:

1. Standard development: The Task Force defined ideal services in each of the above areas, i.e., identified broad areas that each section of the PSR would include and then developed standards that represented reasonable expectations to achieve during the first year. An example would be to restructure recreational activities that included participating in community activities with non-handicapped peers; thereby, promoting community inclusion.
2. Methods of measurement: The Task Force then determined methods of measurement that reflected staff val-

ues of what they described as reasonable “first year” achievement expectations. Standards were specific; e.g., the community inclusion activity specified the number of activities per month that would occur per person over a specified time.

It was also decided to sample records rather than review the records of all persons served in a service location. The Task Force opted to include two persons served, selected randomly, from each service location. Included in the monthly random selection were all persons served. This technique decreased the possibility of “things sliding” because each person had an equal chance of being monitored each month.

3. Staff review and comment: In late March 1995, the PSR system was presented to all CLS staff and they were invited and encouraged to make comments and participate in the development of standards. The Task Force presented and discussed each proposed standard. Staff were given the opportunity to comment and make suggestions; e.g., was each standard written clearly; was each standard fair; would the method of measuring work?
4. Review Process: The Task Force elected to have the reviews completed by peers, Consumer Training Specialists (habilitation and support plan consultants to direct service staff), and the CLS Director. Monthly reviews across the year include peer reviews (eight times), Consumer Training specialist reviews (three times) and CLS Director review (one time).

The review process itself had some interesting side bars. During peer reviews staff from one service location spent time in another service location, sharing their successes, and offering suggestions to each other. Staff voiced that they benefited immensely by this process.

Initially, some supervisory staff had a tendency to use the review process punitively with their staff. We have had to provide continuous feedback and training so that the tool is truly used to prompt growth — an

“opportunity to improve” — not an opportunity to “beat people up”.

5. Feedback Process: The reviewer shared with the service location supervisor the results and the supervisor discussed the PSR scores with the staff and developed a plan to improve the score. The average departmental score was published in a graphed form on a monthly basis and posted in each service location. Individual service location scores were not made public, and were shared only within the service location.

April, 1995

Prior to PSR standards being developed, a number of ways to meet consumer-based outcomes were in place throughout the department. The Task Force members felt it was important to standardize the methodology (process) to achieve the desired results (outcomes). Standardized methodology (as a direct outcome of the PSR development) implemented in April included:

1. A summary section was added to the preference assessment report (Individual Interest Inventory) that discussed how the information from this inventory was going to be incorporated in this person’s life. For example, if a person’s inventory identified that she liked basketball then the summary would address how staff were going to incorporate basketball in her life — possibly through joining a basketball league.
2. Preference assessments were required for all individuals regardless of their verbal abilities.
3. A standard format was established for all support objectives to be implemented. (A standard format existed for habilitation (training) plans, but not for support plans not involving the use of formal program methodology.)
4. A “relief book” was put in all service locations that included protocols to educate relief (substitute) employees regarding basic household routine, preferences of persons served and idiosyncrasies of persons served. This book included photographs and current information regarding all individuals receiving services in the location.

5. A standardized format was established for all working training record books.
6. A standard format was established for all working medical records books.
7. Written statements of the side effects for all medications administered at that time were included in each medication book.
8. A calendar of upcoming activities was posted. It incorporated consumer choice, in a format that is understandable to the individuals receiving services in that location (pictures, stickers, representational objects, etc.). Protocols were written for consumers plan activities.
9. A list of allergies and special diets for persons served were posted on the refrigerator in all service locations.
10. Medicaid cards and/or other health insurance information and cards were to be kept in medical books.
11. Written procedures for caring for individuals with incontinence were developed.
12. Supported Living implemented additional measures to ensure the safety of persons served living in their own apartments - including monthly consumer demonstrations of evacuation procedures and use of emergency on-call procedures, fire alarm checks, and written emergency procedures for each person.

In addition, each location conducted a self-review to serve as a baseline. This baseline gave people an idea of what needed to occur prior to the next month’s review which would be performed by someone outside their service location. These scores were not submitted to the CLS Director.

May, 1995

The Consumer Training Specialists reviewed all service locations. The average departmental score was 64 % and we were delighted! (Self-review averaged about 50%.) It was truly amazing to see what had been accomplished in about two months. CLS had been struggling for

years to maintain consistent methodology across the department and we now had a way of achieving and maintaining our goal!

June, 1995

Peer Review occurred across all service locations. The CLS departmental score was 76%. This reflected a significant amount of work on the part of service location personnel to get everything implemented to do well on the PSR.

July, 1995

Peer Review occurred across all service locations. The CLS departmental score was 75%.

July had previously been identified as the time to evaluate the PSR process and make any revisions. To accomplish this appraisal of the system, the Task Force attended service location staff meetings and solicited comments and ideas from staff. Specifically, they asked for opinions about the tool, the process, and for suggestions for revisions.

The Task Force met at the end of the month to discuss the array of employee comments they had received. Comments were generally extremely positive as

CLS had been struggling for years to maintain consistent methodology across the department and we now had a way of achieving and maintaining our goal!

people saw significant changes occur in their service location and improvement was evident.

However, staff had some concerns and many ideas to improve the process. Using this information the Task Force revised the tool. The significant revisions made by the Task Force are outlined below:

1. The Task Force considered the Ha-

bilitation and Support section of the PSR as the most important. However, under the initial scoring system a service location could score well on all other sections and do poorly on the Habilitation and Support section and still score 75%. Therefore, the Task Force decided to weight this section to reflect its significance. The revised PSR scores all items in this section as five (5) points — all other items on the PSR are worth one (1) point. (Note: score is either one or five, not one through five.)

2. Employee competencies, previously included in all sections of the PSR, were placed in a separate section.
3. The employee accident/consumer accident tracking standard was eliminated from the PSR since documentation of accidents was not kept in the service location. Staff felt that entire review needed to happen in the service location. Further, accidents and follow-up activities were being monitored by the departmental Safety Committee and there was no need to duplicate this activity.
4. Many standard definitions were rewritten in more specific language as staff felt many standards needed clarification to eliminate as much reviewer subjectivity as possible.
5. The Task Force determined that each

service location needed a PSR “kit”. This kit contained everything necessary to conduct the PSR in the service location and is outlined below:

- a. Instructions for completion
- b. The standards: Group Home, Integrated Living and Senior Day Program (Staff competencies are specific)
- c. Score sheet
- d. Safety checklist
- e. Cleanliness checklist
- f. Training book format
- g. Medical book format

March, 1996 — Annual revision:

The review process continued throughout the year. In March, Task Force members met with staff in all service locations to examine the process, the results, and to solicit comments and ideas regarding what worked, what did not work, and to gather suggestions for change in the PSR system. Comments were again exceptionally positive. Staff felt that for the first time in years agency expectations in each area of performance were clear and consistent. Staff also felt that results clearly demonstrated that the PSR system had significantly improved quality of service delivery — and that we should continue using the system. Revisions were made in April that incorporated staff input regarding the review

process, the feedback process and the PSR document. An annual revision process is necessary to keep up with new developments and directions and to ensure staff ownership of the system. This revision process will continue to be completed in the same manner — controlled by those responsible to implement the standards — direct service staff.

Conclusion

Figure 1 depicts the average PSR scores from May 1995 to December 1996. Staff are excited about the changes they have seen within the department, and feel that they designed a process that worked! Data clearly demonstrate that significant improvement has occurred. It is critical to understand that each revision occurring over the last year involved making the standards more difficult. Although the average score held steady, what it takes to attain that score has not!

QUALITY ASSURANCE HAS BECOME A PART OF DAILY ACTIVITIES, DAILY DISCUSSION, AND IS AN INTEGRAL PART OF THE WAY WE DO BUSINESS — AND IT SHOWS!

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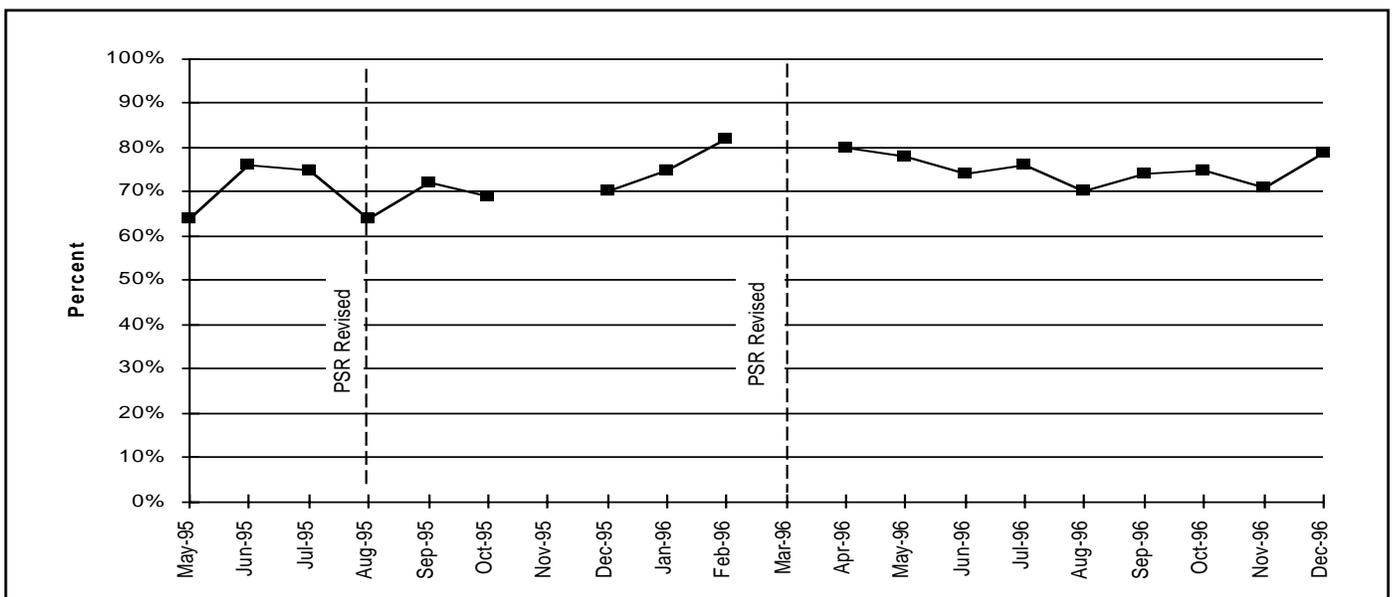


Figure 1: CLS Monthly PSR Scores

Daily Life of a Person Who is Disabled

Roberta Carol Hoffman

Editors' Note: Earlier last year, Roberta Hoffman, one of the people to whom we provide support services, approached Gary and asked him if IABA would help defray her expenses to attend the Supported Life Conference in the Fall of 1996 in Sacramento, California. She was excited to go, since she had been invited to participate as a panel member to make a presentation on October 11th. This annual event is always a highlight in California. With presentations from both consumers and service providers, attendance usually exceeds 1,000 people. IABA was more than happy to help Roberta attend. We also asked Roberta if we could publish an edited version of her talk here in the Newsletter. She agreed and also prepared some additional commentary, which we have appended at the end. Roberta took the opportunity of this address to publicly thank those people that she felt have helped her over the years. It is our pleasure to give these thanks more public exposure and it is with our deep appreciation that she has seen fit to include so many of us at IABA.

The people who sponsor the Annual Supported Life Conference ask everybody to evaluate each session they attend. On a five point scale, with "1" representing "unsatisfactory" and "5" representing "excellent," those who attended Roberta's session rated it an average of 4.5 on the measure of "usefulness" and an average of 4.7 on the measure of "quality." We are all very proud of Roberta.

I am a person who has Autism. I am fully ambulatory. My Autism is very mild. I can memorize addresses and phone numbers.

I can also memorize bus routes. I can take the bus to my mother's house and anywhere I please without any problems. I have a disabled bus pass which enables me to ride for a reduced rate on all Los Angeles County bus systems. I also ride Access Services too.

I am fully employed. I have a job as a Customer Service Representative at Blockbuster Video. I also have a job as a clerical aide at a local wedding photo studio. I am in a program called STEP. I have been pleased with their service and especially their job coaches.

I have a wonderful family and very good parents. My family has been there through good and bad.

I have very good parents who are my conservators. They fight for me when I feel that my rights have been violated. They also help me with life's problems.

My living situation has been good. I am in a program called SCIP (Social Community Integration and Participation). I have been in this program for three years. I have been pleased with their services, I still am. They help with

my monthly budget and cleaning aspects of life's daily occurrences.

Over the years I have been in several programs. My favorite programs that I was involved in were Life Steps Mobility and Daily Life programs. I also had a favorite recreation program called REACH ran by Matthew Richard Waters. REACH taught me the ropes of the community.

I like volunteering for the Jay Nolan Center's Saturday Recreation Program. I was working for a friend of mine that had a group of children that were not community trained. These kids like to play at the park, and do puzzles and arts and crafts.

I do volunteer work for the Association of Volleyball Players for the Miller Lite Pro Beach Volleyball Tour that is held in the United States. I also volunteer

for the Women's Professional Volleyball Association and the Bud Light World League and four player association. I do a lot of work around the volleyball courts and associate with the players.

I worked at several jobs before I started at Blockbuster Entertainment. I liked only three of them. I liked working for Athletes and Entertainers for Kids as a volunteer, because I would have a positive impact on these children who would otherwise be involved in a gang as I speak right now! I did not want to see these children in gangs, because most gangs are negative.

I held a volunteer job at Torrance Memorial Hospital which was OK, but I did not like seeing people hurt. I held a positive attitude that kept the patients happy. I gave them flowers that were delivered to the front desk from local florists. I did patient discharges and a lot of errands. I hate to say this, this job kept me BUSY from the day I started to the day I decided to leave the job.

I like working for the 1736 Family Crisis Center doing clerical work. This job was great, because I was working close to the beach. I liked the office building that I was in. I learned how to greet patients as well as other office duties.

I also liked working for Nissan Motor Corporation, because of me learning new skills in the Mail Center. I also had a lot of friends who taught me the ropes of the job and how it is done. I got a lot of exercise during my eight hour shift.

I also liked working for El Camino College, because I like servicing the student population. I did a lot of filing and computer work.

I also added some volunteer work that I like doing. I am volunteering for the Tennis Association of Southern California and the FIVB World Volleyball league, also local race venues.

I get a lot of recognition from my services to the communities of Hermosa Beach/Manhattan Beach when they both host the volleyball tournaments. I also get lunch and tee-shirts and shorts for working these tournaments.

For right now, I want to stay in Torrance and volunteer for the Pro-Beach Volleyball events. I do not want to move

until later on in life. I am the kind of person that likes to stay put in one place for a long time.

I would like to commend these programs and the corresponding individuals that helped me get to where I would want to be in life.

I think that if you people were not here on this earth today, helping me get to where I want to be today, I would not have any independence in life at all.

These particular individuals from the following agencies are getting an award for helping me get to where I want to be in life, and especially for being there for me when I needed someone.

IABA

Jennifer Perekrest
 Marcia James
 Nancy Farber
 Tamori Wooten
 Janet Francis
 Cheryl Stroll

Susan Caraway
 Holly Baran
 Debra Yau
 Carrie Lenihan
 Hallie Ben-Horin
 Kerry Smith
 Peter DeMieri
 Kathy Dacus
 Lisa Young
 Chris Pellani
 Michelle Slater
 Julia Shaull
 Heike Ballmaier
 Melissa Shapiro
 Gary LaVigna

LIFE STEPS

Virginia Franco
 Denise Smith
 Anita Montoya
 Anita Beard
 Paula Vick
 Phil Pacheco

REACH

Matt Waters
 Holly Starr
 Julie N.

JAY NOLAN

Peggy Wade
 Bodil S.
 Alicia E.
 Anne B.

SOCIAL VOCATIONAL SERVICES

Neisha Hurskin
 Charmaine Mathison
 Lisa
 Vickie Garrett
 Thom Wilson
 Kathy Cullen

All of you people deserve a big thank you for helping me through life's daily occurrences!

Commentary on a Speech on the Daily Life of a Person Who is Disabled

Roberta Carol Hoffman

I was asked a lot of questions regarding my life in general. I was asked about my school career at Mira Costa High School and school in general. I told the audience that I received good grades in school and on my report cards. When I took the California State Proficiency Exam, I scored a 98% point average and passed! I was one of the top ten graduates of the class of 1987. I had good teachers that helped me through school.

I was asked about how I go about getting around Los Angeles County. I said that I take the Metro busses and the Dial-a-Ride. I told people that heard my speech that I like public transportation as opposed to driving because it is safer to be on the bus. I told the people that it was hard for me to use the busses at first but as time proceeded, it got easier. I had a

mobility trainer who was very nice and caring.

I was asked about my jobs in the past the ones today. I told the audience that I like the ones that I hold today. I like working for Blockbuster Video because of the five free rentals per-week benefit that I get. I was asked about the experience with Blockbuster. I like it and it is

a positive learning experience for me. I like the people at BBV and how fun it is. I was also asked about my second job in Los Angeles. I told people that I plan to leave that job because of the distance that it takes for me to get to work.

I also told them about the program that helps people like me get jobs. I was asked about my programs in the past and present. I liked Life Steps programs in the past, and in the present, I like the STEP and SCIP programs because they teach clients about how to become independent in life.

Certain people asked me why I like volunteering. I told them I am a community oriented person who like keeping out of trouble.

I was asked about my visit to the UCLA Neuropsychiatric Institute when I was four years old. I was going there for certain tests. When these tests were done I was being treated to lunch on the street called Westwood Boulevard.

Certain people asked me about donating blood and parts. I answered them and said the part about my niece Krissy having heart surgery at UCLA Medical Cen-

ter in Westwood. I told the people that my own stay at UCLA was good. I was treated with respect and dignity and as a person who is a patient.

I told them that my career in college was fun and sometimes a stressful learning experience. I liked my counselor, Paul Coulton. He is very funny and very helpful. I was taking classes geared toward a degree in Business Administration. The classes that I took were hard and grueling. I needed tutoring in all my classes.

One guy from Bonnie Muntions Agency asked me "How does it feel to

have Autism." I said it has its ups and downs. In general, it feels great all around.

A majority of the people in the room with me have children who have Autism and said that their child's Autism is so severe that I felt very sorry for them and what they go through on a daily basis. I felt the need to tell them that Autism is not a hampering disability. IT IS NOT TO FEEL ASHAMED OF!! Some people do not understand how autism works and has advantages. I told them that mine has to deal with memorizing phone number, bus routes, addresses of my friends, and

certain agencies.

I was asked what it was like to grow up in a big family. I said in a word - FUN! My brothers took me places, for example, the Fire Station.

I was asked about my childhood a lot. I told the audience that it was great. When I was a newborn baby, by sisters did not want to go to church on Sunday so they took me behind the couch and hid way behind so that way my parents couldn't find us. It was funny when I told the audience. That started a big laugh at the end.

Pen Pal Request

Editors' Note: Gerri Taylor participated in the first two week training institute we held in Australia in 1993. That group will always be special to us and Gerri is a special person even among special people. When Gary was in Australia last month, Gerri mentioned that she was working with someone who wanted a pen pal in the US. He suggested that they write a letter to the IABA Newsletter to see if there was any interest out there. There letters arrived and we publish them without editing below. We hope that some of you respond or at least pass Ms. Wooding's letter on to someone who might be interested in corresponding with a pen pal in Australia.

Gerri Taylor
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19 December 1996

Gary LaVigna and Tom Willis
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UNITED STATES OF AMERICA

Dear Gary and Tom

Enclosed is a letter from a young woman who would like to write to a person who lives in America. I wondered if you would be able to publish her request in the IABA Newsletter, please.

Many thanks.

Gerri Taylor

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My name is Celine Wooding, and I am 34 years old. I live in my own flat in Bega, and I work at a place called Stitches and Prints which is a sewing and screen printing business.

I would like to write to someone from America, and one day I want to go to America to visit.

Would someone in America like to write back to me, please.

Celine Wooding

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you remember why they did what they did; was it even reported? Probably not.

Someplace, we lost sight of the most important part of what we do and why we do it; the PERSON. Yes, we have the technology to change behavior, but why are we doing it, and do we have the right? WE believe we are doing what we do to help people improve the QUALITY of their lives.

values were strongly influenced by Wolfensberger (1983). We value: community presence and participation, in ways that are age appropriate and valued by society; autonomy and self-determination, through the exercise of increasingly informed choice; continuous involvement in the ongoing process of becoming; increasing independence and productivity to the point of economic self-sufficiency; and the opportunity to develop a full range of social relationships and friendships.

These values serve as a foundation for the work we do with the people by IABA. With these values in mind, we have developed a model for supporting people with challenging behavior, which is aimed toward producing *several outcomes* (LaVigna & Willis, 1995). Where necessary, when it is a very dangerous behavior, one of the things we need to be concerned about is getting

rapid results. So, *speed and degree of effects* is one of the outcomes we are interested in producing. Second, we want *durability*. We want lasting change. Third, we want those changes to *generalize* to other settings, particularly to the community and the other natural settings that others have an opportunity to access and enjoy. We want to *minimize the development of negative side effects*. Accordingly, we track collateral behaviors. We also want to use strategies that have *social validity*, that is, those strategies that are acceptable to our client, our client's family, support staff, and the community.

Finally, we need to demonstrate that what we do has *educational and clinical validity*. This means that as a result of what we have done, we can show that the person has a better quality of life; the person is happier, has greater access, greater opportunity, greater control, etc. That is, we have achieved our *valued outcomes*. When we are designing our support strategies, it is this entire breadth of desired outcomes that we focus on. No one of these dictates what we do at any given time. We discipline ourselves to

stay focused on the entire range of needs.

To achieve all of these outcomes, we begin with a person-centered assessment aimed at understanding the meaning of the behavior (Willis & LaVigna, 1996a; b). This involves a broad look at the person's life situation and not just the immediate antecedents and consequences of their behavior, his or her skills, family, history, health, environments, etc. This is all in an effort to get a very broad understanding of the meaning of the behavior for that individual. On the basis of this broad understanding, we design a multi-element support plan. These plans include *proactive strategies*, including ecological changes, positive programming and focused support, designed to *produce changes over time* and where necessary *reactive strategies*, to *deal with situations* when they occur. The plan is then implemented by a support team with management systems effective enough to ensure consistency (LaVigna, Willis, Shaul, Abedi & Sweitzer, 1994). This is the *multielement model* that integrates our effort to produce the full range of outcomes, guided by the values described above (LaVigna & Willis, 1995).

One of the significant technical challenges in working with people who do have severe and challenging behavior is in dealing with crisis situations when they occur. The person is breaking windows *now*, the person is starting to bite himself *now*, the person is throwing furniture at other people *now*, the person is biting, kicking or scratching others *now*. It is relatively easy for us to agree to use strictly positive, nonaversive strategies in the proactive mode, but we tend to get more challenged in coming up with strategies in the reactive mode that are equally positive.

The multielement model can help liberate some very creative, equally positive, reactive strategies. It provides access to reactive strategies that we previously never thought we had. Using the multielement approach, we construct our proactive plans to produce certain changes over time. Accordingly, when we are planning what to do about a behavior when it occurs, we are liberated from needing to address the issue of the future. Our sole agenda becomes situational man-

...giving our analysis a person centered focus has helped us understand that what we often call problem behavior always serves some legitimate function for the person.

As a result of these concerns, WE and others; namely, you have endeavored to turn our focus toward the PEOPLE we serve. We have begun to ask why people do what they do; why they hurt themselves and others. Most importantly, giving our analysis a *person-centered focus* has helped us understand that what we often call problem behavior always serves some legitimate function for the person. Additionally, this person-centered focus has resulted in looking beyond behavior; looking at valued/meaningful outcomes for the people we serve.

A value-looking, values-based approach to people with disabilities and challenging behavior is not new. The Social Role Valorization movement has caused us all to focus on helping the people we serve achieve valued and valuable outcomes. Unfortunately, an artifact of this values-based approach for many has been the unnecessary rejection of behavioral technology.

Behavioral technology, however, can be used in support of and in subordination to values. As we have described elsewhere (LaVigna & Willis, 1996), our

agement. This gives us options that in other contexts might produce counter-therapeutic effects.

Here is one brief example of an early experience of ours that led us to become aware of the new options that might be available to us in using the multielement approach. We were asked to carry out an assessment for a man a number of years ago who had a very serious form of self-injury. We'll describe it, not to be disrespectful to him, but for you to appreciate the seriousness of the behavior and why people needed to do something when it was occurring. When he got upset, he would tug on his own lip to the point where he had separated it from his face on a number of occasions, requiring surgical replacement. The doctor was saying that we could not let it happen anymore because he did not know how many more times he could successfully sew his lip back into place. We carried out our assessment and we designed a multielement plan. In terms of proactive strategies, there were 18 different things that we included, i.e., 18 different ecological, positive programming and focused support strategies.

The question, of course, was what were we going to do when he started tugging at his lip? In designing a support plan, in many cases, we may need to anticipate some level of occurrence of the challenging behavior. The best we could come up with to keep him safe when he started tugging at his lip was to put our arms around him and hold him. You might expect that holding him was an aversive event. However, the problem was just the opposite, since being held in this manner was a reinforcing event. Perhaps some of you have worked with people for whom being physically held and restrained is a reinforcing event rather than an aversive one. The position that this person put us in was that what we were doing to keep him physically safe was potentially reinforcing the problem behavior. This could have produced a counter-therapeutic effect, which would have made the behavior more likely to happen in the future.

Using the multielement model, there is a certain logic in "holding him when he engages in self injurious behavior." The logic is this: The reactive strategy is used

to get the most rapid and safest control over the crisis situation. If this reactive strategy has potentially reinforcing properties, the counter-therapeutic effect can be prevented by including certain other strategies in the proactive plan. Specifically, these can include the independent and noncontingent availability of the event used as a reactive strategy, supplied at satiation levels. By taking these proactive steps, the reactive strategy merely gives us a very effective means of dealing with the situation ***without producing a counter-therapeutic effect.***

In the case at hand, to assure the proactive, noncontingent availability of the event, five minutes every half hour was scheduled to assure that staff provided him with a deep muscle massage. The reason for this is that we did not want his intense physical contact with staff to be accessible to him only through the problem behavior. ***We want you to be very aware of this safety valve built into the proactive plan.*** What happened over time was that years later, he still has his lip. Further, because of the proactive plan, he no longer engages in any level of self-injurious behavior. What we see here is a reactive strategy which was actually a reinforcing event that, in addition to being used as a reactive strategy, was provided at other times on a noncontingent basis. ***This provided a very effective situational management strategy when the target behavior occurred and yet was able to do so without producing a counter-therapeutic effect.*** What we have learned is that the multielement model allows these kinds of options.

We want to discuss how we address this need for management strategies in situations that might be considered to be of a *crisis* nature. This is important since many of you are working with people whose behaviors can occur at crisis levels, where health and/or safety are at immediate and serious risk. There are many reactive strategies that we could

employ that are not particularly counter-intuitive or which are perhaps more appropriate for more innocuous non-crisis problem behavior, which we discuss in full elsewhere (Willis and LaVigna, in press). What we thought would be a good focus for this paper is to discuss strategies that may seem extremely strange, until you have become fluent in using the *multielement* model. Your first reaction when we mention some of these strategies will be *"that sounds absolutely crazy."* That is what we mean by counter-intuitive; at first glance they just do not seem to make sense.

Since the best crisis management strategy is one that prevents crises to begin with, we'll start with some counter-intuitive strategies for preventing crises and then we'll turn to some counter-intuitive strategies that are remarkably effective in getting rapid control over crises when they are actually occurring.

Preventing Behavioral Crises

Let's begin with some counter-intuitive strategies for preventing or avoiding crises. Remember that the context for this discussion is rooted in thinking about those people whose behaviors can escalate to crisis levels.

This provided a very effective situational management strategy when the target behavior occurred and yet was able to do so without producing a counter-therapeutic effect.

Introducing and Maintaining a High Density of Noncontingent Reinforcement. One counter-intuitive strategy for preventing behavioral crises is introducing and maintaining a high density of noncontingent reinforcement. This is

worth considering because what we do intuitively if a problem behavior occurs is to cancel all activities that we feel might inadvertently reinforce the problem behavior. *He had an extreme temper tantrum this afternoon! He broke furniture! He hurt somebody! We better cancel our going downtown to dinner plans*

delay between the event that happened in the afternoon (your behavior) and the (reinforcing) event that happened in the evening.

We know that for reinforcement to strengthen behavior; it has to be immediate **and** contingent. As long as there is a sufficient delay and/or if there is no contingency relationship, then we shouldn't have to worry about going ahead with an independently scheduled, noncontingent reinforcement. Such a reinforcing event should not strengthen problem behavior, even if the behavior occurred earlier in the day.

There are many reasons for maintaining a

high-density of noncontingent reinforcement. Consider this; a **high density of reinforcement may be a setting event** for the low rate of challenging behavior, whereas a **low density of reinforcement may be a setting event** for a higher rate of problem behavior. So, by initiating, or by introducing, a high density of reinforcement, we are creating a pervasive setting event which by itself should reduce the level of challenging behavior and behavioral crises.

Furthermore, when we cancel the evening's plans because we are afraid that the problem behavior is going to be reinforced, we introduce an aversive event; namely, the withdrawal of a reinforcing activity or reinforcing event. This withdrawal itself *can trigger a crisis situation*. Rather than acting in a way which minimizes the likelihood of a crisis, when we cancel that evening's event because of a problem behavior, we immediately have done something that makes a crisis more likely, not just because a low density of reinforcement is a setting event for a higher probability of challenging behavior, but also because the withdrawal of the reinforcing event itself is a type two punisher and can very likely elicit a problem behavior.

Perhaps the greatest reason for maintaining a high-density of noncontingent reinforcement is its impact on the quality

of life of the individual. Consider the quality of life of the people we serve who also have challenging behaviors. At best, it does not approximate ours at its worst. Surely, setting the conditions for a low-density of reinforcement does not improve a person's quality of life. If one of our goals is to give people a better quality of life, one of the most direct ways of doing this is to introduce a higher density of noncontingent reinforcement that just improves the quality of life generally. It is our contention that in whatever we are doing to support a person, we should be able to demonstrate that *the person is experiencing a higher density of reinforcement than before we got involved*. A high density of reinforcement should be *noncontingently* available to a person before we even consider any contingencies in which the person has to earn reinforcement. *We don't have to earn most our pleasures in life; then, why should they?*

Consider this example. We were working recently with a 14 year-old girl whom we had just helped move home after being in a 24-hour residential school, where she had been for the previous four years. She moved home on her parents initiative because what they were using in the 24-hour facility, among other things, was a restraint procedure. Now that she had gotten to be an old and big 14-year-old as opposed to a young and small 10-year-old, the kind of restraint procedure they were using was leading to injury. Further, it was no longer acceptable to the funding educational authority.

She came home and we established a multielement support plan. One of the things we knew about her was that she had very poor impulse control and, for that and a variety of other reasons, we recommended that we introduce and maintain a high level of noncontingent reinforcement, independent of what she did or didn't do. One of the things she did right from the very beginning was to not go to school every day. When she would stay home from school, how would we spend the day? We didn't insist that she stay home as you might with a typical child. You might say, "If you don't go to school today, then you can't go out and play." With her, we got out of the house;

...the greatest reason for maintaining a high-density of noncontingent reinforcement is its impact on the quality of life of the individual.

because we wouldn't want to reinforce the problem behavior.

Consider this, however. Have you ever had this experience as a parent? It is late Saturday afternoon, your sweet, adorable, angelic child comes up, saying something to you and because of nothing having to do with that child or what that child did, you snap and snarl and are mean to that child. Even as you are acting in this horrible parenting way, you are saying to yourself "she doesn't deserve this." You know your behavior has something to do with something having nothing to do with the child. The child is totally innocent and you are not able to convince yourself that she deserves the way you are acting towards her. How many of you, then, realizing this is uncalled for behavior on your part, canceled that evening's plans, called up your friends and said: "Sorry, I can't go to the movie today." "I know we were supposed to come over for dinner tonight but I'm afraid that if I go over and enjoy myself, I am going to inadvertently reinforce this terrible parenting behavior." None of you did that. Why didn't you become a terrible parent? **That is, why wasn't your problem behavior reinforced and strengthened.** For two reasons; first, the reinforcing event was not a contingent event. It is not as if "I'm going out to dinner tonight because I was mean to my child." Second, there was a

we went into the community; we did a variety of things, including on one occasion stopping and buying a snack.

The question to us could be “*weren’t we concerned that we would be reinforcing her refusal to go to school?*” That’s a legitimate question to ask. We had reason to think that we would not be differentially reinforcing that behavior because community access was something she was enjoying every day anyhow, buying snacks in the community was something she was enjoying every day anyhow. These were not contingent events. Further, we knew that when she got to school, she really enjoyed the activities that were there and even though we might be out in the community doing things, what she was not getting access to were some of the activities she really enjoyed at school. It may be a high density of reinforcement should she choose not to go to school, but we believed it would be an even higher one if she chose to go.

Part of the monitoring system here is not just to determine whether or not we were avoiding severe property destruction and aggressive behavior, her target behaviors. Obviously one of the things we were also tracking in our evaluation system was time spent in school. Sure enough, over time she spent more and more time in school. Obviously this needed to be tracked and we needed to plan these things with care, based on all the information that we had gathered in our assessment process.

To summarize, introducing and maintaining a high density of noncontingent reinforcement can help prevent behavioral crises. The avoidance of a behavioral crisis can be made more likely since a high density of reinforcement is a setting event for a lower probability of problem behavior. Further, not canceling a reinforcing event avoids an aversive event which itself can increase the likelihood of target behavior and/or escalation to a behavioral crisis. This recommendation also normalizes the density of reinforcement experienced by the people we support by providing a density closer to the norm and by removing artificial contingencies. This recognizes that most of our day-to-day reinforcers are also noncontingent. Possible counter-therapeutic ef-

fects can be prevented by assuring the noncontingency of the reinforcing events, making sure to schedule their occurrence independent of the occurrence of target behavior. Other concerns about counter-therapeutic effects can also be addressed through the proactive plan in a multielement approach.

Avoiding Natural Consequences.

Another counter-intuitive strategy for preventing a behavioral crisis is to avoid some natural consequences. This suggestion may sound strange to many of you. It may even be objectionable for people who take an explicitly values-based approach who may rely heavily on natural consequences to promote the quality of the lives of the people they serve. But, we feel there are a number of good reasons for avoiding SOME naturally occurring consequences. Consider this, if the natural consequence is aversive for the person, it may escalate the person’s behavior to a potentially crisis level. In addition, consider that the natural consequence can itself lead to further exclusion and devaluation. When natural consequences have the potential for causing crisis level escalation, and when they further stigmatize the person, we suggest that maybe we should avoid the natural consequence.

Here is an example of the problem. We were supporting a woman in her job and we knew she was on the verge of getting fired. Her manager was not happy with her work. He found her lazy, disrespectful, and unresponsive. This was not a sheltered workshop. This was a real job situation. We knew it was coming. It was a natural consequence to her behavior. At the same time we knew enough about her to know that if she was fired, that experience would be likely to cycle her into a two-week period of hell where she may have had to be hospitalized in a psychiatric unit.

What did we do in this case? We talked to her. We established that from her point of view she was not happy with her job. From her point of view, she would rather look for a different job. We

established with her that she did not have much time to do that, given that she had this other job that she didn’t like. Our suggestion to her was the following: “*Why don’t you resign? Why don’t you just go in this afternoon and quit?*” She said, “*That’s a terrific idea. I wish I had thought of that.*” We did a little role play with her about how she should submit her resignation. She went in and she quit. Fortunately, her boss didn’t say, “*You can’t quit. You’re fired.*” She had a chance to avoid being fired with our guidance. This is counter-intuitive since many of us would say “*Let her experience the natural consequence. That is how she’ll learn.*”

The proponents of natural consequences argue that the people we serve have the right to these consequences and that we devalue them by not providing them. They ask, “*What is wrong with natural consequences? I experienced them and I turned out OK.*” If there is one thing that characterizes the people we are discussing today, it is they are not going to learn from their natural consequences. If they were going to learn from natural consequences, this newsletter wouldn’t exist. We’d be working in a different field. We’re talking about people who characteristically have not and will not learn from natural consequences. It seems to us that the proponents of natural consequences are arguing two points. First,

...introducing and maintaining a high density of noncontingent reinforcement can help prevent behavioral crisis.

they seem to be saying that the people we serve would be OK today if people would have “*just used natural consequences from the get go.*” Second, they seem to be saying that parents and teachers FAILED to use natural consequences, and that is why their adult children misbehave. That is just not the case. Parents and teachers usually began trying natural conse-

quences. That didn't work so they got a little more contrived in what they did. That didn't work so they called in a consultant and it got even more contrived. As they got more and more contrived, they probably got more and more punitive and more and more segregated and isolated. So, by the time that child was an adult; she was in a strict program, isolated and segregated from the rest of society.

For the past fifty plus years, all of us have been striving to liberate the people we serve from the degradation, isolation and abuse they experienced in segregated places. The proponents of natural consequences seem to be saying, "Now that they have been liberated, lets use natural consequences to manage their behavior." It seems that they are suggesting that we go back to "square one;" back to the ineffective things that were tried by parents and teachers when their children and students were very young. Unfortunately, it seems to us that this would be just starting the "cycle of escalation" all over again.

We caution you, *be careful of natural consequences and avoid them where they may lead to crisis situations or to further exclusion and/or devaluation.* In any event, don't expect the occurrence of natural consequences to be an effective teaching strategy for the people we are concerned about. It's the people who don't have severe and challenging behavior who may have learned from natural consequences, not the people whom we are concerned about here.

Don't Ignore Behavior Under Certain Conditions. How many people have heard of Guido Sarducci? Guido Sarducci established a 20 minute university in which he teaches in twenty minutes what the typical college student remembers five years after they have graduated from college. His idea is why teach all that other stuff if all they are going to remember is 20 minutes worth of information. That is all he teaches them to begin with. So in Economics 101, he teaches "*supply and demand*" because that is all we remember from Economics 101 five years after we have graduated.

What do we remember from our Introduction to Behavior Modification course? What we remember is that when

a person acts inappropriately, that we should ignore. How many of you have ever heard this phrase? *Ignore her; she is doing that for attention.* We'll bet you that this phrase was not used with reference to a peer or a colleague, but that it was used with reference to one of our clients.

How many of you really believe there is something to the idea that aberrant behaviors communicate legitimate messages? Most of us do. If that is true, what is worse than to advise somebody to ignore the behavior? What you would be saying functionally is to ignore their efforts to communicate. What happens if you ignore a person's communication? The person's behavior escalates.

We have talked about precursor behaviors before; you know, those minor behavior problems, those low levels of agitation that may signal that the person is preparing to engage in something serious. These precursors might be understood as the *whispers* of behavior. Because of what we remember from the Sarducci school, we ignore them. Consequently, what are we requiring of the person? It seems to us that we are requiring that the person not whisper to us, but *shout* at us; and it is the "shout" we then call *severe and challenging behavior.*

The consultant you are likely to hire off the street for advice on what to do with problem behavior is likely to say ignore it. However, if you want to avoid crises, good advice may be *don't ignore* it. But there are some qualifications to this advice. In the first place, ignoring doesn't always equate to extinction and it is really the extinction event that causes the escalation (*the opposite effect we look for in a reactive strategy in a multielement approach*). Table 1 provides definitions of extinction and ignoring and corresponding examples of when ignoring represents extinction and when it doesn't.

Don't Punish. Our final counter-intuitive strategy for preventing behavioral crises is *don't punish.* We have worked with a number of large service delivery agencies over the past twenty or so years. During that time, we have seen two very large agencies simply abandon punishment altogether after our training; overnight, by fiat. No more punishment al-

Definitions:

Extinction - The withholding of a previously available reinforcer.

Ignoring - Continuing with what you were doing as if the behavior had not occurred.

Example #1: When ignoring is extinction.

Scenario - A teacher has been reprimanding the student and sending her to the vice-principal's office whenever she uses profanity in the classroom. He observes that the behavior is getting worse and not better and concludes that contrary to his intentions he has been reinforcing this behavior. For one thing, the student seems to enjoy getting the teacher upset. Secondly, the student seems to like missing class. Accordingly, the teacher plans to start ignoring this behavior, thereby **withholding the previously available reinforcers. Immediate likely effect on behavior** - Escalation.

Advice when using a multielement approach - Don't ignore.

Example #2: When ignoring is not extinction.

Scenario - During class time, a nine-year-old student challenged with problems associated with autism, frequently holds his open hand between his eyes and the lights on the ceiling and moves his hand back and forth. The teacher believes that it is the visual stimulation that is reinforcing the stereotypic behavior. She decides to ignore it when it occurs and simply continue with her instructional program as if it had not occurred.

Immediate likely effect on behavior - Ignoring the behavior will not escalate it and continuing with the instructional program **may** naturally redirect the student to engage in the instructional activity.

Advice when using a multielement approach - Since ignoring the behavior will not lead to an escalation in the behavior, this may be an option to consider. However, other reactive strategies **may** be necessary to get rapid and safe control over the situation.

Table 1 - Extinction and Ignoring

lowed! You might expect that once the punishment was stopped so quickly, there would be a tremendous “recovery after punishment” phenomenon; you might expect that all of a sudden high rates of challenging behavior would begin to occur. Yet when these agencies said “no more punishment allowed” the overall level of behavior problems decreased immediately and what remained were less serious problems.

Consider why that may be. A person acts in a way that is considered inappropriate. Let’s say there is a low level punisher available, loss of tokens, loss of privileges, cancellation of an event, etc. The person reacts to that with some agitation, some acting out, which gets another level of punishment. Now we might provide for an over correction procedure or some kind of time out procedure. Let’s say the person is not so happy about the over correction procedure or doesn’t want to be escorted to the time out room, and now starts to physically resist the effort to put them into that situation. What happens is that now staff are having to use physical management, restraint and other very extreme aversive procedures in order to finally control the behavior. While it is true that if you do not punish that very first behavior in the sequence, that behavior may increase in its frequency, what we *may* have avoided are the more serious behavior problems, the behavioral crises that result purely from our use of punishment.

One way to avoid crises are to eliminate punishment from our support plans. This is counter-intuitive since we think of punishment as a strategy for suppressing problem behavior. The suppressive effects of punishment, however, are future effects. In the context of situational management, punishment can escalate the situation, producing the opposite effect that we look for in a reactive strategy in a multielement approach. We have also discussed how introducing and maintaining a high density of noncontingent reinforcement, being very careful with our use of natural consequences, and not ignoring behavior under certain circumstances, while counter-intuitive, may also be very helpful in preventing behavioral crises. But what about the crisis that you

can’t prevent? What about 2 o’clock Saturday afternoon when he starts to break every piece of furniture in the house? What can you do?

Resolving Behavioral Crises

Diversion to a Reinforcing or Compelling Event or Activity. Let us introduce you to two counter-intuitive strategies for resolving behavioral crises. The first is diversion to a powerfully reinforcing or compelling event or activity. That is, when the person is starting to act up, divert him or her with the most powerful reinforcing or compelling activity or event you can identify. For example, in the previous case of the person who was engaging in the lip pulling behavior, our holding him was an inadvertent reinforcing event. We didn’t design it to be reinforcing, but it certainly had the potential to produce a counter-therapeutic effect. As you may recall, to prevent this, we had to balance this reactive strategy by including certain features in our proactive plan.

Let us point out the intuitive part of this approach. What is intuitive is that if you introduce a dramatically reinforcing or compelling activity or event, it is not surprising that it can divert the person from whatever he is doing. What is counter-intuitive about it is that this would appear to result in the potential reinforcement of the problem behavior. This is the part that is counter-intuitive and appears, therefore, to contraindicate it as a useful reactive strategy.

If we didn’t have the multielement model, there would be no hope of using this strategy as part of a rational support plan. With the multielement model, however, what we end up with is a proactive plan that compensates for the potential counter-therapeutic effects of the reactive strategy, leaving us with a reactive strategy that doesn’t produce any un-

wanted changes over time but rather gives us a very effective way of dealing with a crisis situation when it occurs.

We want to give you a further example of this. In one of our training programs, We were guiding a teacher who had selected one of her students to provide a focus for her practicum assignments. Her recommended proactive plan included, among other things, changing her curriculum and reorganizing her educational space so it was less distracting. In terms of positive programming, her instructional staff were teaching her to use a picture communication board with which, for example, she could point to a picture of a glass of water if she wanted to drink something and she could ask to go to the girls’ room, ask for a magazine, and ask for break time by pointing to associated pictures. They were also teaching her the relaxation response, that is that when she was getting upset, to take a deep breath, hold it and relax. As a focused support strategy to produce rapid change in her problem behavior, they also had designed a particular schedule of reinforcement.

Then the question came up: “What do we do when she engages in the target behavior of screaming and scratching her

In the context of situational management, punishment can escalate the situation, producing the opposite effect that we look for in a reactive strategy...

own face?” Staff wanted to continue to use “corner time out,” but we pointed out to them that this appeared to be an ineffective reactive strategy insofar as they had been using it with little results. They were still getting an average of 40 minutes a day of the screaming and scratching behavior after 18 months of trying to solve this problem. We invited them to go back to their assessment information and identify, if they could, a behavior that

was reinforcing or compelling enough that it would interrupt almost anything. What they realized was that if they handed her a magazine, what she “needed” to do was open it and take the staples out. At the moment, that seemed to override everything else in her life. So the recommendation was that the minute staff saw the tantrum coming, they should hand her a magazine.

You would be concerned about two things in following such advice. First, you would be concerned that you would just be reinforcing tantrum behavior and increasing its future occurrence. The other thing you would be concerned about is that she would be with her magazines all day long and wouldn’t participate in any educational activities. So to make a long story short, the results were that from day one no day had more than five minutes of screaming and tantrums, representing an immediate and significant reduction in duration. We also tracked her on-task educational time. That also started increasing from day one. There was never a reduction in time spent in productive education. Further, the frequency of tantrums gradually decreased and by the end of the school year tantrums were no longer occurring. Therefore, it was no longer necessary for staff to hand her a magazine as a reactive strategy, since, with the elimination of the target behavior, a reactive strategy was no longer necessary. The last report we had was that it had been two years since there had been any tantrums.

Notice the safety valves included in the support plan. She could ask for a magazine using the communication board. Therefore, having a tantrum was not the only way to get access to a magazine. Further, in the play area, where she was at least twice a day, was a stack of magazines, with which she could do anything she wanted. Such safety valves (i.e., independent, noncontingent access) allow using reinforcing and/or compelling activities and events to divert a person and interrupt a problem behavior, perhaps even problem behavior occurring at a

crisis level, as a reactive strategy, without producing a counter-therapeutic effect.

Strategic Capitulation. Last, and perhaps most counter-intuitive of all reactive strategies is what we call **strategic capitulation**. Many times we know what the message is. We know what the person is asking for. We know what the person wants. When you know what the person wants, it is obvious that the quickest way

When you know what the person wants, it is obvious that the quickest way to get him to stop asking for it is to give it to him. Capitulation!

to get him to stop asking for it is to give it to him. Capitulation!

Let us give you a very dramatic example of this involving a man on whose behalf we provided some consultation (LaVigna, Patterson, Willis, & Johnson, in preparation). His behaviors were quite serious. His aggression was so severe that his staff were often out on disability leave due to the injuries they had incurred. His self-injury was so severe because of his banging his head into the corners of walls and furniture; they were afraid he was going to be permanently blind, suffer severe neurological damage or possibly even kill himself. After a year of using a nonaversive approach, he was still considered to be an extreme risk to himself, so much so that the clinical supervisor thought contingent shock was necessary.

To make sure that they had their strategy right; they brought in an independent behavioral consultant with excellent credentials. After he did his assessment, he concluded the following: *In spite of the fact that “state of the art” nonaversive procedures had been used, he concluded that this person remained a serious danger to himself and others. He suggested that not only were staff ethically justified in using contingent shock to treat this behavior, they were ethically required to*

use contingent shock to treat this behavior because this person has the right to effective treatment.

We were also asked to carry out an independent assessment. We concluded quite differently and felt that his behavior served a very obvious function. One of his precursor behaviors was to say “ba ba ba,” along with a backward swaying motion of his hand as he turned away from you. We also asked the staff, “In your experience, is there anything you can do when he is hitting you or hurting himself that if you do it he stops?” Their answer was “Yes, when we walk away he stops.” We concluded that the meaning of the behavior was “Leave me alone!”

The clinical supervisor had told them not to walk away or back off when target behavior occurred, since that would (negatively) reinforce the problem behavior. In fact, outside of the context of a well-balanced multielement support plan, counter-therapeutic effects, i.e., the reinforcement and strengthening of the target behavior, might very well have been the result. However, in this case, we recommended that capitulation be used as a reactive strategy as a strategic element in a comprehensive multielement plan. Along with the reactive use of capitulation we also recommended a variety of proactive environmental, positive programming, and focused support strategies, which among other things involved teaching him to tolerate performing non-preferred activities, teaching him to tolerate the presence of others, and teaching him to access the community. What we asked staff to do when he started hitting them or himself was to turn and walk away. The end result was that from that day forward, injuries stopped occurring. Staff were not longer hurt. He was no longer hurt. Further, beyond the dramatic reductions in the rate and severity of his self injury and aggression, his quality of life was also greatly improved.

We want to give you some guidelines for using capitulation strategically as a reactive strategy for target behavior to avoid escalation to crisis levels and/or

getting a crisis under rapid and safe control (Willis & LaVigna, in press). In these guidelines you will also see some advice for using some of the other counter-intuitive strategies.

1. If you are going to use capitulation, the earlier you use it the better. Ideally, this would even be in response to precursor behavior.
2. Whether the reinforcement that you have identified as operative is positive or negative, it should be made freely available to the person, simply for the asking.
3. Have a fully developed proactive plan which, among other things, is aimed at: a) improving the person's overall quality of life; b) giving the person more control over her or his life; c) teaching the person how to communicate; d) teaching the person how to cope; e) preventing negative side effects of reactive strategies; and f) reducing the need for any reactive strategies by using focused support strategies.
4. Design an adequate and accurate data

system to measure effects on both target behavior and relevant collateral behavior.

5. Address social validity issues, including obtaining the collaboration and consent of the individual and all those who will be effected by the capitulation.

The toughest part of using counter-intuitive strategies to avoid and/or resolve crises is the social validity of those strategies. As effective as strategies such as these may be in establishing rapid and safe control in a crisis situation, getting people to accept them can sometimes be difficult. There may be many reasons for this resistance but we believe that one of them is that these strategies do not meet one of the needs that the use of punishment often meets so well. Whether punishment sufficiently changes the person's behavior or not, the use of punishment meets our own emotional needs in many situations. Recognizing and dealing with this issue may end up being the biggest challenge in adopting a strictly nonaver-

sive approach. Certainly, our experience tells us that counter-intuitive strategies such as we have described here can prevent behavioral crises or get them under rapid and safe control within a strictly nonaversive, multielement approach.

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Description and Operational Definition of Problem Behavior

Sue Hines, Allied Health, Templeton Centre, Christchurch, New Zealand

Editors' Note: The following definition was excerpted from the Behavioral Assessment Report and Recommended Support Plan written by Sue Hines as her practicum assignment for the 1996 Summer Institute in Los Angeles. We thought it was worth providing as an example, since it clearly describes a problem that when first referred, was much more ambiguous and vague. Part of a good assessment is to take a referral problem that may initially be unclear and to help provide some clarity and focus for the support plan. The problem that was initially referred had to do with "John Doe's" "noncompliance" and "resistance" at work which in the past had been so bad as to lead to his being fired. We believe that Sue did a very good job in developing a description of the problem which allowed definition and focus. We hope you find this example useful. You may also want to know that the sample protocols provided elsewhere in this newsletter were also excerpted from Sue's practicum assignment for the Summer Institute.

Verbal Defiance/Resistance

- A. *Topography.* Two intensities of verbal defiance/resistance have been identified.
 1. Use of profanity, e.g., "You f---ing do it," or use of other common swear words. Exception to occurrence would be the use of profanity following an immediate shock, fright, injury to himself, and/or in reply to the use of profanity or abusive threat when being addressed.
 2. Muttering, e.g., "You do it," "You sure about that," but repetitive with increasing volume, that is articulatory and audible from a distance of five feet away.
- B. *Cycle.* For the purpose of recording an occurrence, verbal defiance/resistance is considered to have begun (onset) upon his first utterance of profanity or upon repeated phrases of resistance without any interim statement, such as the examples above (note articulations must be understood). The episode would be considered as over when all topographies have been absent for five minutes (offset).
- C. *Course.* This behavior is typically preceded by one or more known pre-

cursors (i.e., actions on the part of John that precede or signal the likelihood of the behavior). Some precursors typically manifested by John include inarticulate muttering and/or a delay in engaging in assigned activity (Target Behavior #2). The degree and speed of escalation depends on the activity he is requested to perform and the verbal interaction/style of the other person. The behavior ceases on John's completion of necessary task. It is

noteworthy to mention that following an episode of verbal resistance whether mild or aggressive/severe, John will emerge from the incident calm and interactive, bearing no obvious carry over effect to the next interaction/task.

Figure 1 illustrates a typical episode where at work John has broom and is meant to be engaged in sweeping, but has faltered, become disengaged. Job coach: "Time to do your sweeping, John." (No sweeping or further interruption to sweep occurs.)

- D. *Strength.*
 1. *Rate.* This target behavior is reported to occur between one to two times daily at work and is estimated to occur up to hourly at home.
 2. *Severity.* As indicated elsewhere in this report, the occurrence of verbal defiance/resistance has periods of escalation in rate and in severity. There are two scenarios:
 - a. Incident ends when activity changes.
 - b. Rate of occurrence and severity coupled together has resulted in job loss.

Task Interruption

- A. *Topography* This behavior is that which is characterized by John's disengagement from performance of the assigned task or activity, prior to its

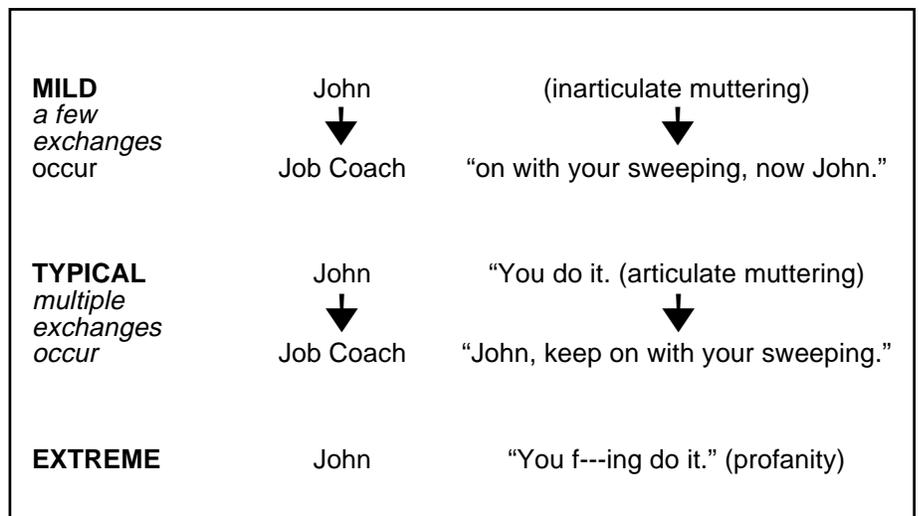


Figure 1 - Typical episode

satisfactory completion for a period exceeding 30 seconds. Excluded would be naturally occurring distractions such as movement of the forklift in his immediate work area, not exceeding off-task behavior interval naturally expected and also when he is responding to a request reasonable to that effect, e.g., filling carry out calls, moving aside for customers or at the request of others, etc.

- B. *Cycle*. For the purpose of recording task interruption it is considered to have begun (onset) with the lack of initiation or cessation of John's engagement in uncompleted, assigned task, it is to be considered to have occurred following 30 continuous seconds of disengagement or lack of initiation. It may or may not be associated with target behavior #1 - verbal resistance/defiance. The incident is considered to be over (offset) when John is actively reengaged in on-task behavior characterized by physical movement conversant with necessary action to perform task. It may be displayed several times for varying durations of inactivity during a single task.
- C. *Course*. This behavior is typically identified by periods where John appears immobile, "spaced out," staring into space or engaged in off-task activity such as repetitive banging of a stick or tapping of fingers and/or objects during a time interval in which he has been requested to carry out a task or occurs as an interruption to assigned task which maybe associated with verbal defiance/resistance, i.e., target behavior #1.
- D. *Strength*.
1. *Rate*. This target behavior occurs frequently to the level of several interruptions during virtually every assigned task. It would be beneficial to collect further data in this area to establish formal base-lines.
 2. *Severity*. Task interruption has been a major contributing factor in John's previous employment dismissal as continuance of task interruption means task completion and standard of performance are jeopardized.

Procedural Protocol - Task Interruption: Self-Direction

Sue Hines, Allied Health, Templeton Centre, Christchurch, New Zealand

Editors' Note: While we have been providing sample protocols in each issue of this Newsletter, and plan to continue doing so, a question is often asked as to the difference in the level of detail provided in the Behavioral Assessment Report and Recommended Support Plan and in a "procedural protocol." While generally, the level of detail in a recommended support plan should be sufficient to enable a behavior specialist to write a detailed, step by step checklist that staff can follow when they implement the procedure, the protocol itself should be of sufficient detail as to not require any interpretation. The protocol and/or checklist should be so operationalized that anyone responsible could follow it with accuracy and procedural reliability, i.e., fidelity. Nevertheless, we often provide a level of detail for one or two of the strategies in a Recommended Support Plan, to provide an example for the behavior specialist as to the level of detail we think is important for staff training and for consistency in implementation. Sue Hines did an outstanding job in completing her practicum assignment for the 1996 Summer Institute in Los Angeles. Her recommended support plan had sufficient detail to allow a behavior specialist to pick up the ball to write detailed behavioral protocols, with one or two recommendations illustrating the level of detail that a protocol should have. Her sample protocol was also well done. To show the relationship between recommendation and protocol, we have excerpted two of the procedures she recommended. One that is already at a protocol level of detail (the latter) and one that would require such detail (the former). We have also attached the sample protocol that she developed as part of her Summer Institute practicum assignment, which was attached to the Behavioral Assessment Report and Recommended Support Plan.

In the protocol, it might be interesting for you to notice the way progress is supposed to be tracked for teaching this particular functionally equivalent skill. Sue's analysis was that John Doe's Task Interruption behavior partly served the role of eliciting the prompting he needed to complete a task. To reduce this prompt dependency, she thought it would be helpful to teach him to be prompted back or remain on task with a "beeper" which he could use as a self reminder to keep working. As you can see, progress is to be measured by tracking the hoped for increases that would be observed in the time from Mr. Doe's start of the task and when task interruption is first observed, given the onset definition described in the description of behavior provided elsewhere in this Newsletter.

Introduction:

The following is an excerpt from the Behavioral Assessment Report and Recommended Support Plan. These recommendations were among a number that were made for positive programming. They are followed by a detailed protocol developed for one. Such protocols are used for staff training.

Functionally Equivalent Skills. People engage in seriously challenging

behaviors for perfectly legitimate reasons. They use these behaviors to communicate important messages, to assert themselves, to manage unpleasant emotions, to escape unpleasant events, and to gain access to events and activities. One strategy for helping people overcome their challenging behaviors is to provide them with alternative ways of achieving the same objectives, alternative ways of sat-

isfying their needs. These alternatives are defined as functionally equivalent skills because they achieve the same goal as the challenging behavior. In the following paragraphs, a functionally equivalent skill and method for the teaching it are described: as John's target behaviors come under control, introduction of further instruction in this area is imperative. For example John also needs to develop a functional way of communicating "I want some help please."

However, my immediate focus is that John requires the development of the ability to reengage himself once distracted from the assigned task, without the need to rely on others to keep himself engaged in an activity through to completion. For the purpose of initial instruction, the activity will be sweeping. To develop this self-reliance, the following plan is suggested.

Equipment: This procedure requires the provision of an electronic beeper which is able to be set at predetermined intervals ranging from one minute apart and longer, and that will emit a beep or short series of beeps which is not reliant on being turned off or reset after each emission. The period of duration needs to be able to extend to a minimum of 15 minutes e.g., one minute elapses: beep; one minute: beep; one minute: beep, etc. This should be fixed to enable it to be worn on the wrist like a bracelet or around the neck like a necklace. Also, a stopwatch is needed for the job coach.

John will be taught through a series of instructional tools such as imagery and role play instruction prior to actual implementation.

1. *Imagery* - using photos or picture representation of sequence of events. Get John to relay meaning, expectation at each step.
2. *Role play* - involving modeling by John to display his comprehension of the prompt (i.e., the beep) and the expectation.
3. *Actual Implementation* - The aim is that when John is distracted from sweeping the external stimuli beep will provide him an effective prompt, rather than the job coach. Ultimately this will lead to increased duration of

on-task behavior during sweeping, up to a period of 15 minutes duration.

NB* - Each time John exceeds his previous record he should immediately be allowed to change activity through the prompt sequence described in the procedural protocol.

Following negotiation with manager and co-worker (Brad), reinforcer for 3 consecutive periods exceeding average could be an arrangement for a quick ride on a pallet on the fork lift. (Similar to activity other workers are seen to engage in during its use). This could be provided at end of John's shift or during his break time.

Functionally Related Skills. There are many other behaviors that if learned by the person, may have a direct impact on the person's behavior. For example, a person who is taught the difference between edible and inedible substances may stop eating inedible substances; a person who is taught to make his own snacks may stop stealing food. The purpose of this category of strategies, again, is to empower the person; to give the person greater skills. The following paragraphs describe a strategy for teaching a functionally related skill to John.

In addition to this skill, thought should be given to providing John with opportunity to be involved in ongoing personal effectiveness training in the near future. Although not a clear antecedent for John's behavior problems, the inability to predict and keep track of the course of his day may play a significant part in helping him solve his problems. Thus, any effort that helps John better predict the events of his life may also reduce the likelihood of protest behaviors, and behaviors cued by anxiety associated with the "unknown" or lack of predictability. In an effort to increase his ability to predict and track daily events, an **Activity Sequence Board** is suggested, and the following recommendations are presented:

Step 1. For each activity or event that might occur during John's work day, take a passport size photograph showing him engaging in some portion of that activity (e.g., sweeping outside). These pictures should be laminated since they would be handled frequently. Attach a small dot of Velcro to the reverse side of each picture.

Step 2. In partnership with John develop a work schedule in 15 minute slots, arrange these pictures in an ordered sequence similar to John's daily schedule on a clipboard in the break room or his locker. They should be hung on the board from top to bottom, with the point closest to the top representing the first activity of the day. Each activity of the day should be fully represented. (This may require multiple pictures as we need to assign tasks into 15 minute intervals). Initially, schedule only two hours at a time, e.g., 8:30 to 10:30 and as John develops the skill proficiency increase by an hour at a time.

Step 3. At the beginning of each day, the sequence of activities for the day should be reviewed with John. The pictures representing each activity should be selected, and he should be included in placing the activity pictures on the sequence board according to required job requirements. Tables 1 and 2 on page 21 depict examples of how an activity sequence board may look.

Step 4.

- a. Prior to the initiation of each daily activity, John should approach the "Activity Sequence Board," or alternatively the job coach could take the clip board to him. Staff should communicate to John that it is time to check the board, e.g., "OK John, let's see what we have to do next," or "Let's go see what is on your schedule board."
- b. Once he arrives at the board, he should be shown the picture representing the next activity. At the same time, he should be instructed "John, it is time to _____."
- c. John should be required to verbally acknowledge the time and activity he needs to do.
- d. John should be socially praised for each element of this rather complex chain: going to the picture board, acknowledging the time and picture associated with the next activity, going to the area where the activity is to take place, and initiating the scheduled activity.
- e. Initially, staff may need to prompt each part of this chain. However, it needs to be remembered that the

goal is for John to proceed to and with the activity independently. It is important, therefore, that staff do not teach in such a way that verbal and/or gestural corrections become permanent members of the behavioral chain. Consequently, special attention will need to be given to procedures for fading prompts. Perhaps a hook for his activity chart could be available in a discrete area of each of his routine tasks areas thus allowing for the introduction of self monitoring.

Step 5. At the completion of each daily activity, John should return to the "Activity Sequence Board." At that time, he should be instructed to sign off the activity and remove the picture to signal the completion of the task. Again, this activity may need to be prompted.

Step 6. Initially, it may be necessary to employ some form of tangible reinforcement for each element of the above described chain. These should be faded and replaced with social praise. Subsequently, social reinforcement should be faded, but not completely removed. Token reinforcement should be considered in this regard. Tokens for complete activities could be placed on the sequence board, with exchange occurring at the end of the pictured work day.

Step 7. As you know, daily schedules

seldom remain unchanged during a day. They often change as function of weather, staffing patterns, and work need. In an effort to reduce the impact of these events, and to help John better predict the course of the day, the Activity Sequence Board should be employed. When a daily event is changed unexpectedly, the procedures described in "STEP 4" should be carried out. Basically, the picture of the new activity should be substituted for the activity that will not be carried out.

Step 8. It may be advisable to make a version of the Activity Sequence Board, for John's bedroom notice board at home. That includes activities John performs at home or is expected to from the time his alarm goes off in the morning until his lights go off at night. This would require a seven day format and perhaps time schedules that can be altered. He may require his father's assistance to arrange his schedule.

Step 9. The process of reviewing the Activity Sequence Board should be made increasingly longer. For example, reviewing might proceed according to the following schedule:

- a. before every activity
- b. before every two activities
- c. in the morning, at noon, and before dinner
- d. in the morning, and at noon
- e. in the morning, or as on task behavior improves is altered to new baselines

Protocol:

Consumer's Name: John Doe
 Protocol Name: Task Interruption: Self-Direction
 Date Initiated: September 1, 1996

General Recommendations

1. Intervals: 4x daily, Mon.-Fri.

This procedure will be carried out throughout the duration of sweeping task (which has been broken down so that it involves sweeping four separate areas, i.e., 4 separate trials) for the purpose of instruction - imagery and role play.

2x sessions of four intervals/trials each should be integrated into John's work day, e.g., prior to commencement and prior to re-commencement following his morning break.

Changes: _____ Date: _____
 Changes: _____ Date: _____

2. Monitoring Systems:

Job coach will monitor progress in narrative form using the progress sheet and record time on-task duration for each interval/trial (once implemented) on task duration sheet.

Reliability checks are scheduled prior to John's advancement to next instructional level, involving Job Coach supervisor observation and consensus of readiness.

Following implementation, reli-

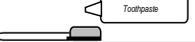
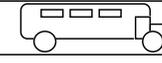
0700	Alarm Get Up	
0715	Breakfast	
0745	Shave	
0800	Teeth Cleaning	
0830	Catch Bus	

Table 1 - Example of Home Schedule

			John Doe's Completion Signature	Coach Note Time Completed	
0900	Activity List				NB: Remove Picture when job completed
0905	Sweep Shop Front				
0920	1 Carton of Cans				Packet for completed tasks
0935	Sweep Left Side of Shop				
0950	1 Carton of Cans				
1005	Sweep right Side of Shop				
10.20	Break				

Table 2 - Example of Work Schedule

ability will be on an incidental basis, i.e., observation by supervisor during regular support visits of a minimum of once every two weeks.

An example of the on-task duration record to be developed following baseline monitoring is represented in Figure 1.

3. Reinforcers:

When John exceeds his RECORD duration of on-task “sweeping” (job coach stop watch), job coach will interject, “Gee, you worked hard on that. Let’s take a quick break and get a snack. ‘_____’ will finish this section of sweeping.”

When John exceeds average line 3 consecutive times, delayed reinforcer of having a quick ride on a pallet on the fork lift may be worth investigating.

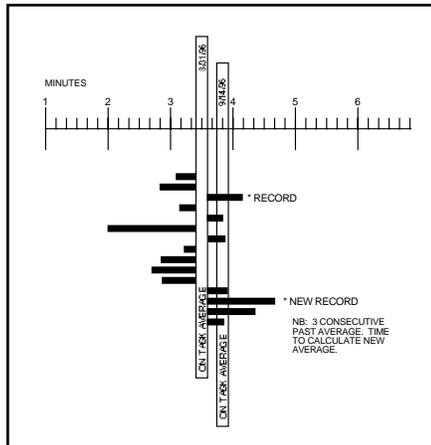


Figure 1. - Example of “on-task” duration record

Goal: Self Re-Direction/Task Interruption		
Date/Time		Signature

Table 3 - Progress Record - John

Imagery Instruction

1. Staff need to take a series of photographs as follows:
 - a. One picture of Activity Board set up indicating sweeping activity
 - b. Two Pictures of John Doe putting beeper on
 - c. Two pictures of John Doe standing with broom, not sweeping
 - d. Four picture of beeper device add noise implication “beep”
 - e. Five pictures of John Doe sweeping
 - f. One picture of John Doe finishing sweeping
2. Arrange these in the sequence of indicating that when “beep” is emitted then John needs to get on with his sweeping.
3. Talk with John about each picture. Let him explain what is happening, that is, “beep” signals time to get on with your sweeping until area clean.
4. Let John arrange pictures whilst telling you what is happening.
5. Make narrative note of John’s progress, recognition of events, expectation when beep is heard (that is, that he gets on with sweeping). When job coach is sure that John understands the process STEP manager should then observe the instruction if there is consensus that John is understanding the process. Then instruction will proceed to Role Play Instruction.

Role-Play Instruction

1. Have John arrange imagery cues in sequence, get him to explain concept of BEEP as a cue for him to get on with the job.
2. Proceed to getting John to demonstrate the actions that accompany each of imagery cards.
3. Set the stage: as you move through the steps, if John halts in expected step, interject with showing him the corresponding imagery cue.
4. Continue with role play instruction until job coach is satisfied that John understands the relationship of the audible beep to on-task behavior. At this stage, seek consensus of readi-

ness through attendance of Supervisor, Lisa, at an instructional session, prior to proceeding to on job implementation.

Work Implementation

Equipment: Activity schedule, beeper, stop watch (indicating sweeping), small snack or other treat available.

1. To determine average of time John engages in requested activity, redirecting himself within 5 seconds of emission of “beep.” Over 12 discrete trials, time John from time of initial engagement until 30 seconds since emission of beep and non-engagement.

Then calculate average by adding time in seconds together then dividing by 12.

Using this equation, set this time interval as the (criterion) record for which you want John to exceed.

Once this is established, then proceed with procedure as indicated through imagery and role play sequence. With the stop watch, job coach will monitor duration of John’s on-task activity.

- a. When criterion interval is exceeded next time John stops immediately interject “Gee, you worked hard on that. Let’s take a break and get a snack. ‘_____’ will finish this section of sweeping for you.”

or

- b. If John is disengaged from activity, “beep” has sounded, 5 seconds has passed and he remains disengaged then stop John “Gee you have worked hard on that, let’s take a break and when we’ve finished we’ll come back to finish this section of sweeping.”

The procedure will continue as set in imagery and role play instruction. However, the on-task duration until he exceeds the criterion is slightly longer. Verbal script for achieving or non-achieving remains unchanged.

Continue adjusting the criterion as described above until John has extended his on-task duration/self redirection to the required level for task completion.

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Gary W. LaVigna & Thomas J. Willis

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Gary W. LaVigna & Thomas J. Willis

Positive Approaches... are 2, 3 & 4 day seminars that present IABA's multielement model for providing person centered nonaversive behavioral supports to people with challenging behavior. These seminars cover Basic Principles of Nonaversive Behavior Support, Behavioral Assessment

and Emergency Management. Assuring Staff Consistency Through the Periodic Service Review: A Quality Management and Outcome Evaluation System is a 1 day seminar that teaches participants a staff management system that ensures the agency/school is providing quality services.

March, 1997 - US Seminars (Greenville, SC; Seattle, WA; San Francisco, CA; Vancouver, WA)

April, 1997 - US Seminars (Pittsburgh, PA; New Orleans, LA; Tampa, FL; Gainesville, FL; Atlanta, GA)

May, 1997 - Belfast, Northern Ireland

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Other venues will be arranged and announced at a later date. For detailed, current information on any seminar, contact:

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Positive Approaches to Solving Behavior Challenges

This is a 6 module video training program that teaches viewers IABA's person centered multielement model for developing nonaversive support plans for people with challenging behavior. Two text books, lecture notes and pre/post tests are included. \$1,250.00

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This is a 4 module video training program based on *The Periodic Service Review: A Total Quality Assurance System for Human Services and Education*. Viewers will learn concrete strategies to ensure that the highest quality services are being provided by their agency/school. Text book, lecture notes and participant exercises are included. \$750.00

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Printed Resources Available from IABA

Alternatives to Punishment: Solving Behavior Problems with Nonaversive Strategies

G.W. LaVigna & A.M. Donnellan

"(This book) provides a comprehensive treatment of alternatives to punishment in dealing with behavior problems evidenced by human beings at various levels of development and in various circumstances. Based upon their own extensive observations and a thoroughgoing analysis of relevant experimental studies, (the authors) have put together a document that is at once a teaching instrument, a summary of research, and an argument for the use of positive reinforcement in the treatment of inadequate or undesired behavior... a landmark volume which should forever lay the ghost that aversive methods (even the ubiquitous 'time out') need to be applied to the delinquent, the retarded, or the normal 'learner,' whether in the home, the school, the clinic, or other situations." — Fred S. Keller (From the Preface to *Alternatives to Punishment*) - paper, \$19.50/ISBN 0-8290-1245-1

The Behavior Assessment Guide

T.J. Willis, G.W. LaVigna & A.M. Donnellan

The Behavior Assessment Guide provides the user with a comprehensive set of data gathering and records abstraction forms to facilitate the assessment and functional analysis of a person's challenging behavior and the generation of nonaversive behavioral support plans. Permission has been granted by the authors to reproduce the forms for professional use. -spiral, \$21.00

Progress Without Punishment: Effective Approaches for Learners with Behavior Problems

A.M. Donnellan, G.W. LaVigna, N. Negri-Schultz, & L. Fassbender

As individuals with special educational and developmental needs are increasingly being integrated into the community, responding to their challenging behavior in a dignified and appropriate manner becomes

essential. In this volume, the authors argue against the use of punishment, and instead advocate the use of alternative strategies. The positive programming model described in this volume is a gradual educational process for behavior change, based on a functional analysis of problems, that involves systematic instruction in more effective ways of behaving. The work provides an overview of nonaversive behavioral technology and demonstrates how specific techniques change behavior through positive means. The extensive examples and illustrative material make the book a particularly useful resource for the field. -paper, \$17.95/ISBN 8077-2911-6.

Social Skills Training for Psychiatric Patients

R.P. Liberman, W.J. DeRisi, & K.T. Mueser

This guide to the application of social skills training with psychiatric patients systematically provides clinicians with the ingredients necessary to start and run their own social skills groups. Case examples, transcripts of social skills training sessions and exercises aid the reader in applying the training methods. -paper, \$28.95/ISBN 0-08-034694-4

The Role of Positive Programming in Behavioral Treatment

G.W. LaVigna, T.J. Willis, & A.M. Donnellan

This chapter describes the role of positive programming in supporting people with severe and challenging behavior. After discussing the need for positive programming within a framework based on outcome needs, variations of this strategy are delineated. Then, assessment and analysis are described as critical for comprehensive, positive, and effective support. A case study of severe aggression is presented to illustrate the process of assessment and analysis, the supports that follow from this process, and the long term results of this approach. - spiral, \$5.00

The Periodic Service Review: A Total Quality Assurance System for Human Services & Education

G.W. LaVigna, T.J. Willis, J.F. Shaull, M. Abedi, & M. Sweitzer

Evolving from more than a decade of work at IABA, this book provides the tools needed to enhance and maintain high quality service delivery. Translating the principles of organizational behavior management and total quality management into concrete policies and procedures, the *Periodic Service Review (PSR)* acts as both an instrument and a system. As an instrument, the *PSR* provides easy to follow score sheets to assess staff performance and the quality of services provided. As a system, it guides managers step-by-step through 4 interrelated elements — performance standards, performance monitoring, performance feedback, and systematic training — to offer an ongoing process for ensuring staff consistency and a high level of quality for services and programs. Practical examples show how the *PSR* is applied to group home, supported living, classroom, and supported employment settings, and the helpful appendices provide numerous tables and charts that can easily be tailored to a variety of programs. - \$37.95/ISBN 1-55766-142-1

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