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Respondent Strategies

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Editors' Note: In this article, we attempt to describe the Respondent paradigm, how it may be used to understand certain challenging behavior, and how it may be useful in generating solutions. Even when behavioral strategies are used in the support of people with challenging behavior, we find that there is almost a total reliance on the Operant paradigm, to the exclusion of the Respondent. We offer this paper in a desire to add to the repertoire you have available. As usual, we welcome any questions or comments you may want to provide.

Introduction

A number of years ago Billy and Lisa (22-month-old twins) were referred to us because of what were described as “massive” tantrums. During interviews with their mother, she described tantrums as involving screaming, throwing themselves on the floor, as well as kicking and biting when she would get too close. The tantrums, as she described them were not unusual for a 22-month-old; perhaps a little more noisy and physical, but what else can a 22-month-old do? What was special about these tantrums was that they were largely localized to the bathroom. As part of the antecedent analysis, the mother was asked “If I wanted the kids to have absolutely the worst tantrum they ever had, where would I need to take them?” The mother, without hesitation and somewhat loudly, pointed at the bathroom and said “In the bathroom!” She further explained that the problem was at its worst “in the bathtub.”

Mother was subsequently asked to show just how the bath was conducted. She was not asked to bathe the kids, nor

was she asked to bathe the therapist. Rather, she was asked to walk the analyst through the bathing process. The mother

and therapist entered the bathroom. The mother put the plug into the drain and turned on the water. She turned it off once it was about 9 inches deep. Now, sometimes the problem just seems to “slap” us in the face. It surely did in this instance. What we noticed is that the mother ran **ONLY** the cold water. **She was bathing her twins in cold water.** Now, do you still wonder why the kids were having “massive tantrums?” We concluded in our assessment that the kids were absolutely terrified of the bathtub; not only the bathtub itself, but also the word ‘bath’ as a result of the repeated trauma associated with bathing.

You are probably wondering about the mother at this point. You may be thinking “child abuse.” Please understand that this mother has mild learning difficulties. It wasn’t that she wanted to hurt the kids; it wasn’t that she was a bad

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Editors' Note...

In February we hosted IABA's first International conference in London. Invitations were limited to those individual's who had previously participated in either one of our two-week training institutes (e.g., the annual Summer Institute in Los Angeles) or one of our longitudinal training programs. The conference was successful beyond our fondest hopes. Not only were the quality and content of the presentations terrific, the conference provided an opportunity for people knowledgeable and interested in the IABA Multielement Model to network. This was an opportunity we had not yet made available. Seeing with our own eyes how important this was to people, we have decided to host an international conference every two or three years somewhere in the world. We'll keep you posted.

We also plan to share much of the information presented at the international conference in the coming issues of *Positive Practices*. In this issue we are pleased to be able to publish a version of the paper Mick Pitchford presented at the conference. It is particularly interesting because it describes an application of the IABA model in a regular education setting. In this issue, we also provide a sample definition of a problem of "Inappropriate Sexual Behavior" and from an unrelated case in our files, a protocol on how to teach a young woman to wear a bra, which she had strongly resisted in the past.

Finally, our own article is a description of the Respondent paradigm and its usefulness for both understanding certain problems and for possibly generating solutions. We find that this paradigm is not given the attention it deserves and we hope you find it of interest, as we do for the rest of this issue. Happy reading!



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Understanding and Helping a Boy with Problems: a Functional Approach to Behavior Problems

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A version of this paper was presented by Mick Pitchford at our International Conference in London in February, 1997. Mick attended our two week Summer Institute in Los Angeles in 1994. It was a thrill to learn how he is applying IABA's Multielement Model in regular education settings. When discussing with Mick our desire to publish this paper in our Newsletter, he informed us that it was already accepted for publication in the October 1997 issue of Educational Psychology in Practice Volume 13 No. 2. We are very pleased and excited to see the dissemination of positive practices in this way. We are also grateful to the Educational Psychology in Practice for granting us permission to reprint it in our newsletter here. Way to go Mick!

SUMMARY

The Code of Practice (DFE 1994) has given a fresh impetus to collaborative work between teachers, parents, children and educational psychologists. This is in contrast to the worst of the practice that occurred before which could be summarized as assess, statement and forget. The following study is one of work undertaken at stages 3-4 of the COP with a little boy who had severe and challenging behavior problems, many of which stemmed from the interaction between his learning difficulties, communication difficulties and his lack of experience of a structured academic curriculum. Particular emphasis is placed on understanding the function of the problem behavior and the use of ecological strategies, positive programming, direct treatment and reactive strategies as part of the child's Individual Education Plan.

The Problem

Desmond was an unhappy little six year old in year two of infants when he was first referred to the psychology service. He had frequent and severe temper tantrums in school that were characterized by attempts to run away and hide,

particularly under furniture, even if this meant hiding under the table in the head teacher's office. Attempts to cajole Desmond out from under furniture would usually be resisted by both verbal and physical aggression. In addition,

Desmond was often reluctant to do as he was told particularly regarding academic work and this led to his teachers in year two placing him with younger children so that he could gain more play experience. Despite these measures Desmond's parents had been asked into school on a number of occasions because the staff felt unable to cope with his behavior.

Analysis

Assessment revealed the following about Desmond:

Desmond had learning difficulties in all core areas of the curriculum. In addition his speech was often unintelligible to adults and children alike. Desmond could also be disruptive in lessons, for example imitating and amplifying the bad behavior of other children by, amongst other things, throwing books and pencils around the classroom. Furthermore a major problem was encountered in persuading him that he should be doing work in class rather than playing. Therefore by the beginning of year three Desmond had been excluded three times and had not received adequate preparation for the more formal demands of junior classroom. Also, as so often in these situations, Desmond was beginning to receive unhelpful attention from his peers who had learned that teasing him could result in potentially entertaining tantrums. A reward assessment highlighted the fact that Desmond was highly motivated by an easily available reward, empty cartons that he liked to make into models.

As tantrums were a particular problem they were analyzed in detail in discussion with his teachers and parents. Tantrums could be provoked by having to wait for teacher attention, having to do work he did not want to do, being told he could not do things he wanted to do and teasing from peers. In the past tantrums had probably been rewarded by demands being removed or rewards offered to placate Desmond. Attempts to manage Desmond when he was having a tantrum tended to lead to his behavior deteriorating sharply. It is possible to speculate that this in turn had led to the relatively high levels of noncompliance that Desmond exhibited at other times in

school by a process of generalization.

Desmond had learned a strategy for calming down after tantrums at home which involved going behind the settee or going to his own room and his parents actively encouraged this. His tendency to hide under furniture at times of stress in school was interpreted by the educational psychologist as Desmond's attempt to use the same strategy in school. Unfortunately, in school this behavior was proving counterproductive. Firstly, staff were unaware of the origin of the behavior and so could be forgiven for seeing it as willful and provocative. Secondly, the behavior, although adaptive at home was

...tantrums had been so severe that they had led directly to exclusions.

seen as disruptive in school. Thirdly, attempts to remove Desmond from under furniture only tended to have the effect of escalating Desmond's tantrum but staff could not ignore a child who was beneath a table shouting at the rest of the class whenever they took an interest in him.

Desmond's communication problems had led to a degree of social isolation in class. In his attempts to gain peer approval and acceptance Desmond was beginning to copy the disruptive behavior of other children. The teacher's attempts to manage him at these times ran the risk of further treatment and further social isolation and rejection by his peers.

Desmond was in a class which included children from both year three and four. Some of the children in year four realized that they could provoke tantrums by teasing him in ways other children could handle (for example by hiding his pencil). This could lead to tantrums, and perhaps a message to the head who would have to try to escort him out of the class which Desmond would resist by holding onto the door frame while shouting plaintively, "I want to stay with Mrs. Eccles."

Desmond's tantrums seemed to be associated with his communication prob-

lems and the frustrations which he encountered as a result. One of Desmond's most frequent complaints was that "No one listens to me," and indeed his tantrums seemed to communicate a number of messages; these could be interpreted as follows:

- a. No, I don't want to (do whatever it is the teacher or other adults had asked him to.)
- b. I am upset.
- c. I don't want to be here.
- d. Nobody is listening to me.
- e. People don't like me.
- f. I cannot wait any longer.

During the early part of the Autumn term of Desmond's year three, two sets of baseline information were collected. Firstly, three weeks worth of data showed that Desmond was having tantrums an average twice per week. This is not a very high rate but what was distinctive about Desmond's tantrums was their duration (over 30 minutes) and their intensity (including as they did swearing, throwing things, non-compliance and attempts to hit or kick the teacher). Furthermore, tantrums had been so severe that they had led directly to exclusions.

The second set of baseline data relates to Desmond's level of compliance with reasonable teacher instructions; the way in which this data was collected may be of interest given the very high number of instructions that teachers have to give and the difficulty of collecting data while at the same time teaching a class of over thirty children. The teacher was asked to compile a list of 10 instructions which she thought she would often have to use during the course of a typical day. The list was as follows:

1. Talk quietly
2. Put your hand up
3. Sit in your seat
4. Line up quietly
5. Go and sit down
6. Clear the desk
7. Start writing
8. Get your reading book
9. Sit on the carpet
10. Do your math

During the day, as time allowed, the

teacher would, at the appropriate point, give an instruction and record whether or not Desmond followed it the first time without problems. A total of 14 instructions over three days were evaluated in this way. Desmond's rate of compliance averaged 50% and ranged between a high of 66% and a low of 25%. If talk of compliance seems off-putting the reader may like to reflect on what it's like to have a child in a class where, on a bad day, the odds of him doing as he's told are 4:1 against.

In the last half of the Autumn term of year three it was agreed to put an individual Education Plan (described below) into action and it was also agreed that Desmond should be regarded as being a state three of the Code of Practice. (See Footnote 2 for an explanation of the various stages of the Code of Practice.) During the course of his time in year three it became increasingly apparent that Desmond would have to have a stage 4 assessment because of the combined impact of his learning difficulties, communication problems and emotional and behavioral difficulties. In the sense that the individual education plan did not "cure" the problems at stage 3 it can be said to have failed. On the other hand Desmond was never again excluded and his continued inclusion in a mainstream school must be judged to be a success given the severity of the problems he faced. What follows deals with action taken by his class teacher during year three, prior to the provision of extra resources through a statement at the beginning of year four.

Individual Education Plan

In tackling Desmond's problems a four-fold approach was used which derives from the work of LaVigna and Donnellan (1986) and LaVigna, Willis and Donnellan (1989). This model recognizes that the reasons for emotional and behavioral difficulties are likely to be complex and therefore success will be more likely if the problem is attacked from as many angles as possible. Multi-element approaches have been discussed in the past (e.g. Newman and Pitchford, 1985; Cook and Pitchford, 1996), the strength of the current model is that if the

educational psychologist makes recommendations for each area described below he or she can be assured that the approach will be comprehensive. The four broad headings used together with the specific techniques are listed below:

Ecological Strategies

These include those strategies which in some way alter any or all of the physical, instructional and interpersonal environment the young person inhabits so that in the short-term problems are less likely to be provoked and his or her needs are better met by that environment in the long term.

Because Desmond was becoming the victim of teasing a necessary component of his plan had to be modifying the behavior of his classmates (his interpersonal environment). Two approaches were employed to achieve this aim. The first one included using personal and social education time, and in particular circle time as a forum for discussing teasing and how to respond to it. For example, the process of getting to know people and how some people like nicknames while others do not was discussed in circle time. In particular the need to get to know people first before teasing in a friendly was stressed to the children. In addition, strategies for coping with name calling were discussed and appropriate responses modeled.

The second approach was to teach the children how to react when Desmond did have a tantrum or was upset. Once the situation had been resolved and Desmond was again calm the class teacher would endeavor to send him on a message as soon as possible. This would then give her the opportunity to praise the class and emphasize the need to ignore Desmond when he had a tantrum. "The best way you can help him is to completely ignore him. I really appreciate the fact that you carried on and did not make things worse by laughing at him or teasing him."

Positive Programming

One of the assumptions underlying the present model is that learning new skills is a process which enhances the individual's quality of life in ways which can only be beneficial to those with spe-

cial educational needs. In addition there needs to be instruction in skills which are directly and functionally related to the problems the child is having, in this case compliance with adult instructions, working with some degree of independence, learning to wait for adult attention and learning how to be assertive in the face of teasing.

The skills to be taught should address four main areas as follows:

1. General Skills Development

In Desmond's case he had learning difficulties which needed addressing in a any event. In addition there was a need to teach him those skills whose absence may in part be contributing to the problem. Desmond's individual Education Plan therefore included targets relating to general skills such as number recognition, the pronunciation of letter sounds, blending common letter sounds as part of learning to read.

In order to assist him with his literacy skills Desmond was included in a group which had regular direct instruction and peer tutoring called Companion Reading (for a description of this program see Arblaster 1991).

During this period Desmond was receiving speech therapy on an intermittent basis and the speech therapist gave the school advice regarding his articulation leaving games which he could play designed to help with his speech.

2. Functionally Equivalent Skills

One of the first problems which had to be tackled with Desmond was the fact that he would try to go under furniture at times of stress. The function or purpose of this was laudable enough, he wanted to calm down, therefore an acceptable alternative which achieved the same aim was required. Originally the educational psychologist had suggested that hiding under table should be tolerated and gradually shaped into something

more acceptable. On the other hand the teacher thought that allowing this behavior would be so disruptive to the class as to be counterproductive. In the event the teacher told Desmond that when he was upset he could go and sit on a cushion in the carpeted area of the class. Since this was seen as something of a treat by the children there was no problem with compliance on Desmond's part which was a distinct bonus as was the fact that this area was well away from the rest of the class so that the risk of teasing was diminished. As the teacher came to know Desmond better she found that she could tell when he was becoming upset and at these times she would quietly ask him "Do you want some quiet time?" which was Desmond's prompt to go over to the cushion and sit down.

With any child who has special educational needs which include emotional and behavior difficulties there needs to be flexibility so that unforeseen problems can be tackled. In particular there is a need to respond to problems in a positive way so that the child is taught acceptable ways of

...there needs to be instruction in skills which are directly and functionally related to the problems the child is having,

handling situations rather than just relying on contingency management. Incident Based Role Play Practice was an important means of fulfilling this goal. Incidents which had occurred were analyzed by the teacher periodically to see what sorts of social skill deficits might lie behind them. These would first be discussed with Desmond at a later stage (**not** in the immediate aftermath of the problem), and then role played with Desmond playing himself and the teacher taking on a

variety of roles. Typical examples included name calling and following instructions.

In fact as the teacher got to know Desmond better it became apparent that he was not sure about what “good behavior” constituted so that discussion and feedback also had to center around this.

3. Functionally Related Skills

As we have already seen part of the problem with Desmond was the fact that he could respond to teasing with tantrums. Whatever the origins of this problem his speech problems exacerbated the situation since his response to teasing, shouting “pack it in” was usually unintelligible to his peers, sounded funny to them and often led to laughter and tantrums as a result. Therefore the teacher spend time teaching Desmond a skills related to the problem behavior (tantrums) which was making assertive statements designed to stop teasing, thereby reducing the risk of Desmond escalating to tantrums when teased. The teacher taught him to say “Please don’t say that, I don’t like it,” politely and intelligibly when he thought he was being teased.

4. Coping and Tolerance Skills

A component of positive programming concerns teaching children to tolerate events which everyone finds aversive but form an inevitable part of a less than perfect world. In Desmond’s case the main training which was required concerned tolerating waiting for teacher attention. For example, while Desmond could wait in a queue of children once he reached the head of the queue he had to have attention immediately, or would pester by repeatedly shouting, “Miss, Miss”, and so get into trouble. Also, if Desmond wanted to tell the teacher of a problem he was having he became upset if the teacher could not deal with this immediately (remember one of Desmond’s main complaints was that no-one listened to him). The first of these two problems was dealt with as follows. The teacher used praise contingent on Desmond waiting for periods of time so short that he

was certain to succeed. Over a matter of weeks the waiting time was then gradually increased as illustrated below.

Desmond reaches the head of the queue, his teacher says, “Just wait one second,” she puts down something on the desk and then turns immediately to Desmond and says, “Good you waited, now let’s look at your work.”

Desmond reaches the head of the queue, his teacher says, “Just let me do this,” she does something for five seconds and then says, “Good you waited, now let’s look at your work.”

Desmond reaches the head of the queue, his teacher says, “Just let me write something,” she writes something for ten seconds and then says, “Good you waited, now let’s look at your work.”

Once Desmond could tolerate waiting for ten seconds it was found that he could tolerate much longer delays providing he was reassured that he would be seen later. An inability to wait is not usually thought of as a behavior problem but our experience is that it underlies very many classroom problems and problems with social skills. Also as this work developed the teacher found she could tell when Desmond had a problem he wanted to talk to her about, at these times he would typically start a sentence by saying, “You know me...” The teacher found the best way of handling this sort of problem was to say “I can’t talk to you now, I’ll talk to you in private later.” Given this sort of reassurance Desmond could tolerate waiting for teacher attention without getting upset and at a later stage he would simply ask to talk the teacher in private recognizing that his desire for privacy would inevitably involve delay.

Direct Treatment

These are the strategies involving the use of contingencies which are most usually associated with behavior approaches.

In order to back up the other techniques which were being used the educational psychologist recommended the use of a type of reinforcement known as the Differential Reinforcement of Low Rates

of Responding (DRL). This is a technique of reinforcement which is especially suited to educational settings (e.g. Dietz 1977) and can be used for groups of children as well as individuals (e.g. Frankland et al 1985). Using this technique a child is first given a set number of points or tokens which equals the average frequency of the problem. For example, if a child shouts out ten times an hour on average he is given ten points at the beginning of an hour long lesson. Each time he shouts one point is deducted but, providing he has one point left at the end of an hour, he or she is eligible for some form of reward which is not related to the number of points left. So, if the child has one point or all ten points left he or she might be eligible for a set amount of reinforcement. Once the child is regularly meeting this criterion (which should not be difficult since it is set at the child’s average level of performance) the criterion is changed, for example the child is given only nine points at the beginning of the hour, then eight and so on until the problem behavior has reached such low levels of incidence that the procedure can be faded out entirely.

A critical feature of this procedure is that the level of reinforcement is the same whether or not the child has one or nine points left. If reinforcement is instead tied to the number of points left the procedure becomes a variant or response cost (Little & Kelly, 1989). One of the problems of response cost, as with all punitive procedures, is that it can lead to tantrums or punishment induced aggression as the child sees the level of reinforcement gradually whittled away until the amount left is not seen as worthwhile.

It was estimated that there could be up to 5 incidents per day of either disruption, noncompliance or tantrums on average. Therefore Desmond was given five smiley faces down on cards which could be turned around if he was either non-compliant, disruptive or had a tantrum. Depending on the number of smiley faces that were left at the end of the day, Desmond was eligible for a sticker in a book which he would take home for his parents to see. On every day bar one in which the program was in effect (the majority of year three) Desmond got a sticker which could

be traded in for pocket money or an empty carton off his parents. The teacher also used the book which was sent home as a means of giving feedback to the parents on Desmond's progress. Written feedback to the parents was related to the number of smiley faces which Desmond had at the end of the day as follows:

- Five smiley faces Excellent
- Four smiley faces Very good
- Three smiley faces Good
- Two smiley faces Okay
- One smiley face Oh dear

In addition the teacher also made a point of using praise with feedback or labeled praise concentrating particularly on providing praise for sitting in his seat and sitting quietly in his seat. A very good description of the role of feedback and types of feedback can be found in Grand and Evans (1994).

Reactive Strategies

Despite our best efforts it needs to be recognized that changing bad habits is no easier for children than it is for adults. Consequently, it is necessary to have a plan to put into effect to deal with the problem behavior when it does occur so that staff can deal with the situation calmly. It is naive to suppose that just because we have a plan the problem is never going to happen again.

One strategy was to encourage him to sit on a cushion in the quiet corner until he had calmed down. The other was to give Desmond feedback on his behavior in a firm way which also related to the discussion about teacher expectations which were a part of the positive programming for Desmond; e.g., "Desmond we both know what good behavior is. This is not it."

Results

Data was collected on Desmond's behavior by using the record which was kept of smiley faces. Because this amalgamated noncompliance, disruption and tantrums it is not possible to give a detailed comparison with the baseline data regarding these problems. However the data in Table 1 from one complete term shows that on average every day during the week was good (i.e., not more than 2 incidents requiring a smiley face to be

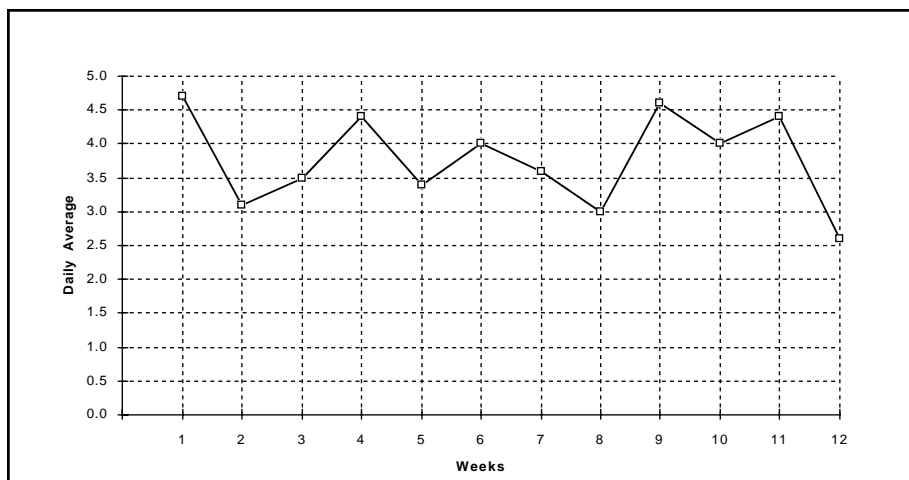


Table 1 - Daily Average of Smiley Faces

turned over) with the exception of week twelve. This in itself is instructive since it reflects the fact that the last week of term was taken up by special events and the excitement and disruption which form a part of these breaks from the usual routine of the school was too much for Desmond. Notwithstanding these sorts of problems by the Summer Term of 1995 Desmond's behavior had improved to the point where the system of DRL was dispensed with altogether. By the Spring term of 1996 Desmond was averaging one tantrum per term (as opposed to two per week) and noncompliance was no longer a problem.

Discussion

To conclude we would like to draw attention to the following points.

An important aspect of the assessment which was undertaken was the attempt to understand, not simply describe, Desmond's behavior. A key element in this process is assessing the child across different settings. For example, without the insight which was provided by the parents, that Desmond calmed down by hiding behind the settee at home, we would have continued to misinterpret his behavior as willful and defiant and this perception in turn and the responses it might have provoked could well have set the occasion for further tantrums.

Arising from the assessment one of the striking things about Desmond's IEP is the large number of strategies used.

Leaving aside those designed to address his learning difficulties and speech problems, there were over ten strategies used by the teacher to address his emotional and behavioral difficulties. Yet many of them (for example the tolerance training) were so unobtrusive that an observer would have been hard put to have realized they were happening. Nor were they particularly time consuming, for example, the tolerance training would have added ten seconds maximum to the amount of time that the teacher would normally have devoted to the task in hand. Remember all of the techniques described were operational before the provision of extra resources. We would argue that these techniques were successful because they were precisely focused with this focus deriving from the functional assessment of Desmond's behavior problems.

For the educational psychologist there is a dilemma to be faced about recommending multielement plans such as this, in practice they may not be time consuming or impractical for the teacher to implement but this may not be the impression conveyed by the written report provided by the educational psychologist. For example, in this article the section which summarizes (but not operationalizes) the techniques used is over 2,000 words long, it is any wonder therefore that teachers at times simply refuse to believe that recommendations are feasible? To try to overcome this problem the educational psychologist involved increasingly resorts to either role playing or modeling

the techniques in the classroom in addition to giving written and spoken explanations. This can be a two edged sword, at least one of the procedures originally recommended was rejected by the teacher once demonstrated because she regarded it as impractical and likely to undermine her overall classroom control. Knowing clearly what the teacher will and will not do is, on balance, worth the inevitable knocks to one's professional pride which such an approach invites ("Me, do that? You must be joking!").

Attention needs to be paid to the differing priorities of teacher and educational psychologist. While the educational psychologist is focusing on trying to understand one child and providing advice the teacher is trying to balance the target child's needs with those of the rest of the class. What appears to have swung the balance in favor of the educational psychologist's recommendations in this case is in fact that the use of DRL led to a tangible improvement in the first fortnight of implementation. Therefore, in advising teachers we need to ask ourselves do I understand the child, will the plan address all the main problem areas, is it robust enough for the classroom, is it fair on the rest of the class and will it make the teacher's life noticeably easier within a fortnight?

Finally, it might be of interest to readers to know what the situation is with Desmond at the time of going to press. Desmond now follows instructions immediately he does not have tantrums and his social skills have progressed to the point where he can cope with and join

friendly teasing and joking around. He is rarely upset and although he does grumble that he's going to leave school this only happens about once a half term and he no longer feels the need to run away and hide. The targets on his IEP relate to learning not behavior because of the progress he has made. Because of this, and because of the relevant and purposeful action at each stage of the Code of Practice, if present rates of progress continue then Desmond's statement may well be disappplied in contrast to the likely outcome if the "statement and forget approach" referred to in our earlier comments had been adopted.

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Footnote 2: Following legislation in 1993 the Secretary of State for Education issued a Code of Practice on the identification and assessment of special educational needs for the guidance of schools and local education authorities (LEAs). The Code of Practice lays out a staged approach to the identification and assessment of special educational needs. Stages one and two are the responsibility of the school, particularly the class teacher and the special needs coordinator. If the child is still causing concern then external agencies such as the LEA educational psychologist would be consulted and involved with the child at stage 3. If after a period at stage 3 the youngster's special educational needs are considered severe enough then a stage 4 multi-professional assessment is conducted to determine whether the child requires the provision of extra resources by the LEA. If it is decided that extra resources are required then the child is given a Statement of Special Educational Need and is regarded as being at stage 5. Nationally, approximately two percent of the school aged population is at stage 5.

Continued from page 1

mother, she wasn't and isn't; rather, she was missing some very critical skills when it came to child rearing. It wasn't until later (while providing support services) that we discovered that she did not know how to adjust the temperature of the water. Although the question was never asked, it is a good bet that she bathed herself in "cold water," but not after services were provided.

Well, how would you solve this problem? Would you reinforce the kids for taking a bath in warm water in the bath-

room? This would not be likely to work since you could not even get them to the bathroom without a major tantrum. Perhaps you would teach the mother how to do it properly. This would also be unlikely to work since "mother in the bathroom" was terrifying for them. It was not that they didn't love their mother; in this particular situation, she was a cue for "terror." Surely you would not begin to consider a "punitive" consequence for tantrums. What would you do?

When professionals speak of behav-

ioral approaches in support of people with challenging behaviors, they are usually thinking of behavior change methods based on the manipulation of the consequences for those behaviors (e.g., reward, punishment, extinction). More specifically, they think of the principles of "Operant Conditioning" as presented and delineated by B.F. Skinner (1938), Ogden Lindsley (1964), and Bijou and Baer (1966), etc. However, this approach does not make any "common sense" in this case to reinforce or punish the kids to

get them to take a bath; they are simply “terrified!” How would you help them?

The answer to this question may be to look for a different model to help explain the kids’ problem and a different model to help to guide their support services. One such model is based on the principles of Classical or Respondent Conditioning (Pavlov, 1927).

In the following paragraphs we will present a basic model of respondent conditioning, and we will give examples of how different challenging behaviors might be acquired through the process of respondent conditioning. This will be followed by a description of strategies loosely based on the respondent conditioning model.

In this presentation, we understand that every aspect of classical conditioning has been scrutinized closely by hundreds of research papers. To do this subject real justice, we would really need to devote an entire book, and that probably wouldn’t do the job. Research has investigated why it does and does not work, what makes it work best, and what may be necessary or unnecessary. From classical conditioning, research has sprung numerous theories to explain various research findings. Then, why this particular article? Stated simply, in our clinical experience, we have found the classical/respondent conditioning model a relatively clear way to help understand one possible reason for challenging behaviors. We have also found this model to have tremendous utility when it comes to guiding the development of support strategies.

Classical or Respondent Conditioning: The Basic Model

The name of Ivan Pavlov (1927) is the one that is most closely associated with Respondent Conditioning. His now classical research involved conditioning a dog to salivate at the sound of a tone. In that early research, a dog was restrained comfortably in a harness. Pavlov struck a tuning fork that produced a tone and almost immediately gave the dog something to eat. Throughout the experiment, Pavlov recorded the amount of saliva produced by the dog (A small tube was inserted through the cheek to collect the saliva). This procedure was repeated sev-

eral times; i.e., the tone followed by something to eat. After many trials, Pavlov found that the mere presentation of the TONE ALONE, “elicited the salivation reflex.” Pavlov referred to this process as “conditioning.”

Before we go too far, let’s discuss “terminology.” In classical conditioning there is a lot of it. However, don’t be too confused; it is actually pretty easy. Conditioned means learned; unconditioned means unlearned, a stimulus refers to something antecedent to the behavior and “R” stands for response or behavior. Throughout this article, we will also use the word “elicit.” This word is typically used in the context of saying “some stimulus *elicits* a response.” Used in this manner, we mean that the stimulus “causes” the response in a “reflex-like” manner.

Now, let’s move on to the model. In Pavlov’s classical conditioning model, there are a number of terms that describe important parts of the conditioning process. The **Unconditioned Stimulus (UCS)** elicits quite naturally and automatically the **Unconditioned Response (UCR)**. For example, food placed in the mouth (UCS), elicits salivation (UCR), a light tap below the kneecap (UCS) results in a reflexive knee-jerk (UCR), a bright light shown into your eye (UCR) results in constriction of the pupil (UCR), and a pinch or painful stimulus to the arm (UCS) results in withdrawal or removal of the arm (UCR). (See Figure 1.) The important thing to remember here is that the unconditioned response is typically an action over which the person has very little voluntary control. In other words, it is a “reflex.” Just try to keep from closing your eyes when you sneeze. It is a reflex.

In Pavlov’s respondent conditioning, another term that is used is “neutral stimulus” or NS. This is a stimulus that has

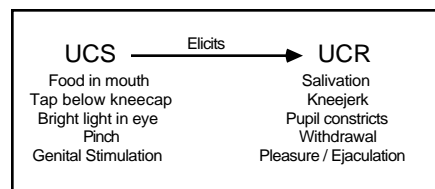


Figure 1 - An Unconditioned Stimulus (UCS) Elicits and Unconditioned Response (UCR)

little or no natural influence on the animal/person. That is it does not elicit the particular response that is to be conditioned. For example, in Pavlov’s experiment the tone initially did not elicit salivation. For Billy and Lisa, before being bathed in cold water, entering the bathroom probably did not elicit terror. It is not until the “neutral stimulus” is paired with the “unconditioned stimulus” that it acquires the power to elicit a response. In Pavlov’s research, the tone was the “neutral stimulus” (NS). It was presented repeatedly, in a paired way, prior to the food being placed in the dog’s mouth (UCS). (See Figure 2.)

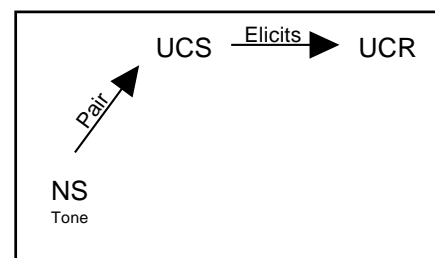


Figure 2 - The Pairing of a Neutral Stimulus (NS) with an Unconditioned Stimulus (UCS)

After repeated pairings, the tone (NS) alone was able to elicit salivation. At that point, the previously neutral stimulus is referred to as the **Conditioned Stimulus (CS)**, since it now elicits salivation. When the CS alone elicits salivation, salivation is now called the **Conditioned Response (CR)**. In other words, learning (i.e., conditioning) has occurred. (See Figure 3.)

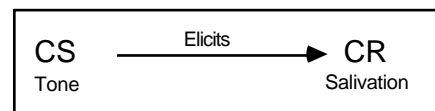


Figure 3 - A Conditioned Stimulus (CS) Elicits a Conditioned Response (CR)

When Pavlov first presented his research, his belief was that this process underlies all learning. Subsequent research has since modified the notion that all learning is a simple association between a UCS and NS. However, this simple model does provide some guidelines in understanding the development of some behavioral challenges. (The ex-

ceptions and elaborations are beyond the scope of this article.)

Let's take, for example, the case of Billy and Lisa presented above. Their mother repeatedly bathed them in cold water. The cold water served as the "unconditioned stimulus." You can only imagine the reactions of the children being placed repeatedly in "cold water." The reaction must have included startle, perhaps panic, surely anxiety, and very likely something akin to pain. These responses of the children weren't decisions on their part. They occurred in immediate response to being placed in the cold water; in other words, they were "unconditioned responses." The kids didn't have to decide to behave in these ways, simply being immersed in the cold water "elicited" the reactions.

Learning A Fear of Bathing

It doesn't take a rocket scientist to conclude that very quickly the kids will show a major reaction to anything associated with the bath; it is just common sense. Being repeatedly subjected to cold baths elicited "panic" of the bath itself, the bathroom, mother saying "It's time for a bath," and mother taking the kids toward the bathroom. Initially, these events would have been neutral. They didn't elicit fear, crying, panic, or anxiety. (See Figure 4.) However, after several associations with being bathed in cold water (UCS), they came to elicit those responses. In other words, the bathroom, the bathtub, the word "bath" became conditioned stimuli. (See Figure 5.)

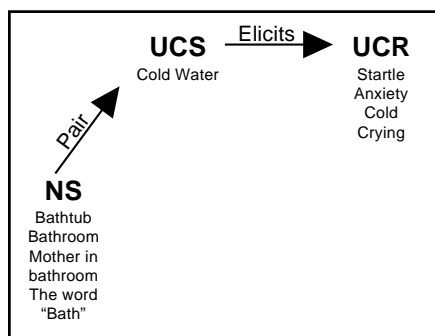


Figure 4 - The Pairing of a Neutral Stimulus (NS) with and Unconditioned Stimulus (UCS) That May Create a Fear of Bathing

The Case of Little Albert

There are numerous other examples in the literature that exemplify the development of respondently conditioned behavioral challenges. In 1920, John B. Watson and his graduate student Rosalie Rayner (Watson & Rayner, 1920) published the first experiment showing how an emotional response could be conditioned or learned by a child.

This now famous study of theirs involved a little boy by the name of Albert. Albert was 9 months old at the time of the study. At the beginning of the study, they tested Albert's reaction to a white rat, masks with and without hair, a dog, a monkey, and burning newspaper. The purpose of this test was to determine if Albert was already afraid of these items; he wasn't. He displayed no signs of fear to any of these; in other words, they were neutral. During the conditioning trials, when Albert would reach out to touch the white rat (Neutral Stimulus), a hammer struck a steel bar that resulted in a loud noise (Unconditioned Stimulus). When the steel bar was struck by the hammer, Albert showed changes in his breathing and he raised his arms in a characteristic startle reflex. His lips quivered and he began to cry (Unconditioned Responses). After seven paired presentations of the white rat and the striking of the hammer against the metal bar, when the rat (Conditioned Stimulus) was presented without striking the bar, Albert began to cry (Conditioned Response). Watson and Rayner concluded that the white rat conditioned the emotional response of fear. Later tests showed that Albert was not only afraid of the white rat, but was also afraid of cotton, wool, a white rabbit, and a Santa Claus mask. In other words, the fear seemed to generalize or transfer to other stimuli that were similar to those present at the time of conditioning (e.g., cotton, fur of rabbit, beard on Santa Claus mask).

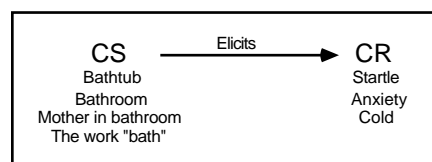


Figure 5 - A Possible Portrayal of the Fear of Bathing

A Swing Phobia

There is no doubt that some fears develop in this traumatic manner. In our clinical archives, there have been a number of examples that seem to fit this basic model. For example, a little girl was referred to us because she refused to go into the back yard and would not exit the side door of the house that led to the driveway. Indeed, when she would leave the front door of the house, she would run in panic about two houses away and stop, as if some large weight was removed. Attempts to force her out the back door or into the back yard resulted in screaming, clear signs of panic and frantic running. The assessment showed that the problem began about two years earlier after the girl had a bad experience on the swing in her backyard; it had collapsed on top of her when she was swinging one day. Remembering the incident, her mother described that her daughter fell to the ground and the collapsing swing caused bruises and scrapes (Unconditioned Stimulus). She cried and immediately showed signs of fear; including tremor, hiding (Unconditioned Response). After this single experience, she would not enter the back yard (Conditioned Stimulus). What is more important, the fear seemed to extend gradually to the driveway, to the front yard, to the house next door, and to houses within about 100 feet of hers. In other words, like Albert, the fear seemed to generalize or transfer.

Agora-like Phobia

In another instance, a 7-year-old boy with problems associated with autism was referred because he refused to go to school. It was more than that, he refused to leave the house. Every effort to get him out of the house to take him school had been unsuccessful. (The parents gave up attempting to get him to school after several days of taking him kicking and screaming.) Exploration of the history of the problem with his parents suggested that he was **not simply refusing to go to school, and it was not just fear of going outside**. He was avoiding going outside where there are "large, dangerous, dogs." A little history should help. Here is a little boy who used to enjoy going to school. Each morning as a rule, he was first at the

car, and showed excitement about going to school. But one day, when he was waiting for his mother to open the car door, the neighbor's 200 lb. St. Bernard (Neutral Stimulus) got very close, bumped him and knocked him down (Unconditioned Stimulus). Before this experience, he showed no negative response to dogs at all. With his mother running interference, he had pet the dog on numerous occasions. His mother seeing this interaction with the dog, described that he got up, looked upset (Unconditioned Response) and ran into the house; but he came back out within the next few minutes and got into the car for school with no difficulty. It was about two weeks before the he began refusing to go to school. We concluded that he refused to leave the house to avoid contact with the St. Bernard (Conditioned Stimulus) and that efforts to get him out of the house (where large St. Bernards live) resulted in crying, screaming, etc. (Conditioned Response).

Over the last 30 years or so, a number of theories have been presented to explain how people can become sexually excited over objects that might not traditionally be the focus of excitement (e.g., boots, motorcycles, lingerie, children, pain). Indeed, in 1965, Mcguire and colleagues (Mcguire, Carlisle & Young, 1965) focused on the role of masturbation in producing sexual difficulties. They argued that ejaculation that results from masturbation may be the critical event that leads to conditioning stimuli that might accompany or precede masturbation. Thus, the implication is that if a child is masturbating while focusing on or holding nylons or other undergarments, these events might eventually be able to elicit sexual arousal.

While there have been many clinical accounts that suggest a respondent origin, there have been few experimental investigations of this process. One early study, and frankly terrifying one for us psychologists, was conducted by Rachman in the mid-sixties (Rachman, 1966).

In one study, Rachman (1966) used three unmarried male psychologists as subjects (imagine this). Initially, he presented the subjects with color slides or a

pair of black, knee-length woman's boots as the Neutral Stimulus. The Unconditioned Stimuli were colored slides of nude women that were presented immediately following the slides of the woman's boots (i.e., pairing). The Unconditioned Response was "penile-volume changes." All three participants achieved conditioning. That is, showing the slides of woman's boots alone (Conditioned Stimulus), caused the subjects to show "penile-volume" changes (Conditioned Response). Not only did conditioning occur, but the Conditioned Response reportedly generalized to slides of brown boots, short boots, high-heeled black shoes, etc. This entire procedure was repeated successfully with five naive subjects (Rachman & Hodgson, 1968). Rachman's studies proposed a possible model for the development/genesis of sexual fetishes.

Two Factors/Two Step Learning

Respondent Conditioning is one of many models that can be used to help understand the development of some behavioral challenges. Since the initial presentation of Classical Conditioning by Pavlov, virtually hundreds of articles have been published that support, refute, elaborate, and qualify the initial principles. We hope you understand that we are presenting this simple form of the model as a starting point. However, we have found even its simple, unconfounded form has tremendous utility in developing support plans, as you will see below. At this point,

we would like to add another feature to the Respondent Conditioning Model. It is well established that learning is multifaceted. It is seldom just Respondent, just Operant, just Cognitive, or just _____. Rather, different avenues of learning combine and elaborate to produce complex human behavior.

Challenging behavior is similarly complex. While Respondent Conditioning may help us understand the development of fears, phobias, aversions, likes, etc., it may not explain what we see; namely, some of the referral problems. For example, a woman in her mid-thirties with moderate to severe learning challenges, Wanda, was referred because of physical aggression; she would bite, claw and scratch people around her when they would scream. Similarly, when someone would turn on the vacuum, she would lunge at the vacuum, bite, claw, and scratch the vacuum; not the person operating it. In her assessment, we concluded that her physical attack was a way of coping with the noise of screaming and the noise of the vacuum.

Figure 6 below presents one interpretation of Wanda's behavioral challenge. When a person would scream or the vacuum was turned on (CS), Wanda appeared to have an immediate negative emotional reaction (CR). Her face would redden, her eyes would widen and she would orient to the "sound." She gave every indication of being fearful or even angry. In the assessment, we concluded

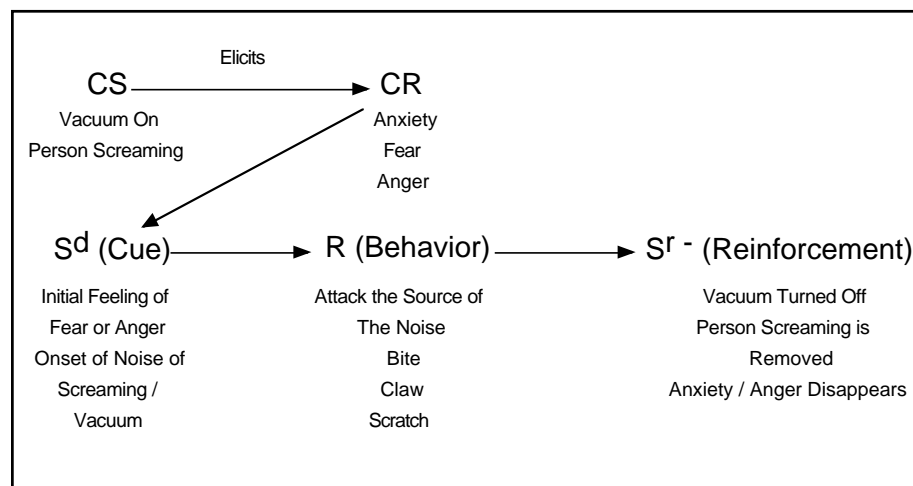


Figure 6 - An Interpretation of Wanda's Challenging Behavior

that over the years Wanda had learned a way of coping with these noises; that is, when she experienced the onset of the noise or anxiety (Sd), she would attack the source of the noise (R). She would charge and jump on the vacuum and do the same to a person who was screaming. We also concluded that the “attack of the source” resulted in removal of the source of the noise. Indeed, when Wanda would

criticizes him generally leaves and his emotion subsides.

Respondent Therapies

Respondent support strategies, in contrast to the consequential strategies we are accustomed to, attempt to alter the Conditioned Emotional Response (CR) that occurs when the Conditioned Stimulus is presented. The goal of these approaches is to either eliminate the anxiety, fear, panic, or anger; or to replace it with a more pleasant emotional response. In the following paragraphs, we will describe two large classes of Respondent Strategies: Respondent Extinction Strategies and Counter Conditioning Strategies.

1. *Respondent Extinction Strategies*

According to the Respondent Conditioning Model, Reinforcement occurs each time that the UCS and the CS are paired. That is, the Conditioned Response gets stronger each time they are paired (i.e., associated). For example, if a person has a fear of dogs, there is a great likelihood that the fear would worsen each time the person was bitten by the dog. In contrast, Respondent Extinction, occurs each time the CS is presented without being paired with the UCS; in other words, the CR weakens. Theoretically, each time the person experiences the dog without being bitten, the fear would diminish to some degree. (As we mentioned previously, we are presenting a very basic model without the numerous experimental exceptions. We continue to feel, however, that this straight-forward model has excellent utility.)

The literature speaks of several strategies that are more or less based on the concept of Respondent Extinction. One of these is Flooding; and another is **Implosion**. We prefer not to use these strategies, since they have clear aversive qualities as reported by people who have experienced these approaches. This is not to say that they may not be effective; just unpleasant.

We prefer strategies that have few or no unpleasant qualities and we strive to select strategies that we all would select if we needed to do so for ourselves. In the case of extinction strategies, we prefer Graduated Extinction or Graduated Exposure strategies.

Graduated Extinction. This strategy involves the systematic presentation of the CS at a level that elicits extremely low levels of anxiety and does not elicit the avoiding or defensive behaviors (e.g., aggression, tantrums, running). As progress occurs, CSs that elicit progressively higher levels of anxiety are gradually introduced.

In an early demonstration of this strategy, Grossberg (1965) worked with a woman who was unable to complete her college graduation requirements because she was not able to complete the required public-speaking course. Before, she had received treatment with medication, and had received both individual and group therapy. Graduated extinction was then selected as the strategy of choice. Over 17 sessions, the woman faced progressively larger audiences and delivered speeches that gradually became longer and longer.

Graduated Extinction involves at least five distinct steps. (1) First, the events (CSs) that elicit the strong negative emotion (e.g., anxiety, anger) are identified. (2) Next, the Conditioned Stimulus Events are arranged in a hierarchy from least to most emotion eliciting. (3) The CS lowest on the hierarchy is presented. This is the CS that produces the least negative emotion and is too weak to elicit the avoidance/defensive behavior (e.g., assault, self injury). (4) Each CS is presented repeatedly until NO negative emotion is reported or recorded. (5) Advancement to the next step on the hierarchy only occurs when no negative emotion is reported at the previous level.

a. *Swing Phobia.* We mentioned above the referral of an 11-year-old girl with mild learning difficulties because she refused to go into the back yard and would not exit the side door of the house that led to the driveway. The assess-

Unfortunately, most behavioral support strategies focus on the consequences to change behavior.

attack the vacuum, staff would turn it off IMMEDIATELY. When Wanda would attack a person who was screaming, staff would remove Wanda to one end of the house and the person screaming to the opposite side of the house, IMMEDIATELY. Thus, these actions of the staff functionally removed the sources of the noise; that is, the CS. As a result, her attack was reinforced by the removal of the stimulus events associated with negative emotions. Her attack resulted in the reduction of anxiety or anger.

Unfortunately, most behavioral support strategies focus on the consequences to change behavior. Wanda was no exception. The strategies that had been used to stop her attack included time-out, loss of privileges, and reinforcement for the absence of physical aggression. These were not effective; probably because they did not help Wanda deal with the emotions (CRs) associated with the vacuum or a person screaming (CS).

The scenario described above for Wanda is not unusual. Many overt behaviors presented by the people we serve represent “learned coping mechanisms.” For example, criticism causes a young man to experience intense anger. Each time he is criticized, he screams, his face reddens, he bites his finger, gives people the finger and then he throws a chair at the source of the criticism. The person who

ment concluded that this little girl had a “swing phobia” that began after the swing collapsed on her and had extended to the backyard, the driveway, the front yard and to adjacent houses. The assessment identified a number of events (CSs) that elicited fear. These included the swing in the backyard, swings generally, the driveway, the front yard, and the two houses on each side of her own. The fear worsened the closer she was to the backyard. Through interviews and initial probes, a hierarchy of fear eliciting events (CSs) was arranged. Beginning with items that produced very little anxiety, the little girl’s emotional response to each item on the hierarchy was systematically extinguished.

Sessions were conducted two to three times each week ranging from 90 to 120 minutes each, over approximately 24 weeks. Here are some of the steps:

- i. The initial sessions began with the little girl watching video’s of children swinging. Initially, the little girl showed some trepidation around looking at the children on the swings. The support staff who conducted the early sessions, used the video as a focal point to discuss what children do at school, her likes and dislikes at school, etc.
- ii. Once she seemed to show no signs of anxiety watching the video, a support staff person brought a piece of the swing (the detachable seat) into the house and laid it on the floor some distance from the little girl.
- iii. During subsequent sessions, the support staff brought the seat closer and closer to her. It was only moved closer when she showed no signs of being upset. She gave the signal by not paying attention to whether it was present or absent.
- iv. The support staff brought the seat closer to the point that she was able to watch the videos while holding the seat in her lap.
- v. The support staff and the little girl would play board games and dolls as part of their sessions. These play sessions were moved gradually closer and into the backroom of the house. This room was closest to the backyard and had a door that exited to the driveway leading to the backyard.
- vi. Initially, the door leading to the driveway was closed. During subsequent sessions, the support staff opened the door to the driveway inch by inch until the little girl could play with the door wide open.
- vii. During subsequent sessions, the support staff and the little girl played closer to the door itself; to the point that they were playing in the doorway.
- viii. The support staff gradually moved play from just inside the door, to the middle of the doorjamb, to just outside the door on the porch, to the lowest step.
- ix. Play sessions were gradually, but systematically, moved down the driveway into the backyard.
- x. Touching the leg of the swing was incorporated into the play in several ways. The support staff propped the dolls up against the leg of the swing; or they used the leg of the swing as a “safe” place in a game of tag.
- xi. The little girl’s mother would watch her play, and would participate, from various parts of the backyard. At one point, the mother would watch and participate while sitting on the swing.
- xii. In the later sessions, the little girl would push her mother in the swing, would sit in her

mother’s lap while they swung, would swing with her mother pushing her, and would swing independently.

- b. *Finger-Finger-Throw*. Jerry was a 35-year-old man with a mild level of learning difficulty. He lived in a large residential center and attended a workshop during the day. His problem was that the staff were about to boot him out of his workshop because of what they described as “assaultive behavior,” which he did several times each day. The staff described that when Jerry would become angry, he would bite the knuckle of his right index finger, give “the finger” with his left hand, and then pick up a chair or other object not tied down and throw it at a person. During the assessment, the staff were asked; “what sets this off?” They replied; “Nothing! He just flips out.” Further exploration determined that he “always had a good reason.” Anytime someone would criticize Jerry, or if he perceived someone as criticizing him, he would engage in “finger, finger, throw” behavior, as this complex of behaviors had come to be called over the years.

Further assessment suggested that it wasn’t that Jerry didn’t know

...staff were asked; “what sets this off?” They replied; “Nothing! He just flips out.”

what to do when he was criticized. In fact, when asked, Jerry presented a litany of things he could do and say when criticized or teased. These were the things he had heard for years and indeed he was able to verbally regurgitate them. However, it was our determination that he had never really used them. In fact, criticism would make him so angry that it was easy

to see how he was unable to verbalize. In other words, criticism seemed to be a Conditioned Stimulus that elicited extraordinary anger (i.e., a Conditioned Response). His “finger-finger-throw” seemed to be a way Jerry had found to cope with his anger. Indeed, after he engaged in this behavior, people would leave him alone for a while or would not bring up the subject again.

The support plan designed for Jerry involved a number of elements. The first recommendation to those who worked with Jerry was an Antecedent Control Strategy in which we said “Don’t criticize!! But if you do, duck.” This was hard for those who worked with Jerry. They expressed a fear of losing control, a fear that he was getting away with it, a strong feeling that; “He must learn that what he is doing is wrong.” After considerable discussion, staff agreed, since we explained that Antecedent Control Strategies would keep everyone safe while our Positive Programming strategies (LaVigna, Willis & Donnellan, 1989) taught Jerry better ways to deal with criticism.

Other components of the multielement support plan (LaVigna & Willis, 1995) included reinforcing Jerry for the absence of the problem behavior. In addition, support staff taught him to cope with criticism through a combination of “Graduated Extinction” and “Social Skills Training.”

The Graduated Extinction/Social Skills Training began with identifying many exemplars of criticism. Staff along with a consultant reviewed incident reports and personal experiences looking for discrete examples of “criticism” (Conditioned Stimulus) that had resulted in “finger-finger-throw” behavior. For example, one staff member described an incident in which she approached Jerry after noticing that he wasn’t working, but was doodling on a piece of paper. She simply placed her finger on the paper and said, “Is that

what you are supposed to be doing?” Jerry immediately became angry and engaged in “finger-finger-throw” behavior. In another instance, another staff member described approaching Jerry to correct him for incorrectly assembling something he was working on. She said to Jerry, “That’s not the way to do that.” Jerry engaged in “finger-finger-throw” behavior.

Several dozen examples were identified. Staff wrote each example of criticism on a 3 by 5 inch index card. For each example a short script of what to do (action) and what to say was also written. For example, one card contained the script indicated in Table 1.

Once all the scenarios of criticism and their reactions had been written, they were arranged in a hierarchy based on the perceived severity of the criticism. That is, with 100 cards; card #1 represented very minor criticism while card 100 represented extreme, even outrageous criticism.

<p>Staff Script #1</p> <p><i>Setup:</i> Jerry is sitting at his workstation. Instead of working, he is doodling with a pencil on a piece of paper.</p> <p><i>Staff:</i></p> <ul style="list-style-type: none"> ✓ Approach Jerry quietly. ✓ Stand quietly looking down at him “doodling” on the piece of paper. ✓ Place your index finger gently on the paper where he is doodling” and say “Hmmmmmmm.” <p><i>For each example of criticism a script was also written describing what Jerry should say and what he should do.</i></p> <p style="text-align: center;">Jerry’s Script #1</p> <ul style="list-style-type: none"> ✓ Look up at the person criticizing you. ✓ Look him right in the eye. ✓ Ask him “Is there a problem?” ✓ Don’t say anymore.
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Table 1 - Script of Mild Criticism

Each day when Jerry returned from the workshop, he and a staff member practiced, i.e., role-played, how to react to criticism. Staff modeled how to react as Jerry would play the role of the person criticizing; then Jerry practiced how he should react. This was done as realistically as possible. They began practicing with items that represented minimal levels of criticism. When Jerry had mastered one level and showed absolutely no anger, they moved up to the next. They eventually got to the point where Jerry was rehearsing how to react to outrageous, undignifying levels of criticism. For example one of the last scripts to be practiced involved the following (see Table 2).

<p>Staff Script #97</p> <p><i>Setup:</i> Jerry is sitting at his workstation. He has been working, but he has done a sloppy job. He put the wrong screws in the zip-lock bag.</p> <p><i>Staff:</i></p> <ul style="list-style-type: none"> ✓ Approach Jerry angrily. ✓ Slap the table in front of him. ✓ Point your finger at him and shake it. ✓ Yell at him saying: “That is absolutely the worst job I have ever seen. I have told you a thousand times how to do it and you can’t get it right. You must be stupid. What do I have to do for you to get it right?” <p><i>Another script contained Jerry’s response to this outrageous criticism:</i></p> <p style="text-align: center;">Jerry’s Script #97</p> <ul style="list-style-type: none"> ✓ Look up at the person criticizing you. ✓ Look him right in the eye. ✓ Say to him “You don’t have the right to talk to me like that.” ✓ Get up and walk away without saying anything more.
--

Table 2 - An Example of a Script of “Outrageous, Undignified Levels of Criticism”

2. Counter Conditioning

Counter Conditioning involves the use of learning principles to substitute one type of emotional response for another (Rimm and Masters, 1979). There are at least two forms of Counter Conditioning: Positive Counter conditioning and Aversive Counter conditioning. We will only discuss the former here, which is consistent with our focus on nonaversive approaches in supporting people with challenging behaviors.

Positive Counter conditioning is a form of Respondent Conditioning in which a “pleasant response” is counter conditioned to a stimulus that elicits a negative emotion (e.g., anxiety, anger, fear, revulsion). The process of counter conditioning may be more easily understood by looking at the model of Respondent Conditioning presented above and the example of Billy and Lisa.

Remember Billy and Lisa. They were the 22-month-old twins that we presented at the beginning of this paper. They were referred because of serious tantrums. In the assessment, we concluded that they were terrified of the bathtub, the bathroom, and any indication of bathing. Our assessment determined that their fears had resulted from being bathed in cold water by their mother. In other words, the bathroom, the bath and the word bath, had become conditioned stimuli (CSs) after being associated with the unpleasant cold baths (UCS). When told they were going to take a bath, when someone attempted to take them to the bathroom, or when they were forced into the bathroom or bath, they experienced what appeared to be panic. They became red faced, screamed, and simply looked terrified (Conditioned Responses). (See Figure 7.)

Counter conditioning was the method selected to address the kids’ terror of bathing. In counter conditioning, if a pleasant response occurs in the presence of stimuli (CSs) that elicit anxiety, anger or panic, the stimulus should come eventually to elicit the pleasant response. In other words, if we could do something fun

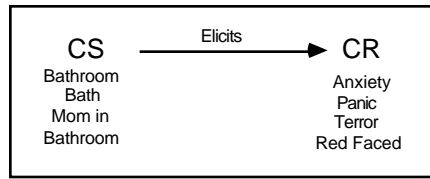


Figure 7 - An Illustration of a set of Conditioned Stimuli (CS) Eliciting a set of Conditioned Responses (CR)

around some aspect of bathing, bathing itself might become **fun**. In counter conditioning, one of the first steps is to identify stimuli (UCSs or CSs) that already elicit strong pleasant responses (UCRs or CRs). Some examples of these powerful stimuli include the following. The ingestion of food (UCS) may elicit the pleasurable response of satiety or just pleasure (UCR); playing a favorite game (UCS) may elicit a physical response for lack of a better term that may be identified as “fun” (UCR); the act of deep-breathing and muscular tensing and relaxing (UCS) may elicit the pleasurable response of relaxation (UCR); sexual manipulation or stimulation (UCS) may elicit the pleasurable response of sexual arousal or orgasm (UCR); or touching, hugging and fondling (UCS) may elicit the pleasurable response of comfort (UCR). (See Figure 8.) The real *secret to this strategy* is to arrange it so that the pleasurable response occurs in the presence of stimuli that elicit anxiety; but not much.

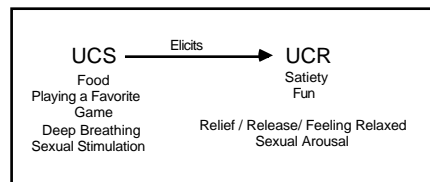


Figure 8 - Examples of Unconditioned Stimuli (UCS) that may Elicit Pleasant Unconditioned Responses (UCR)

In the case of Billy and Lisa, we chose pleasurable experiences associated with eating and play as the new responses to be substituted for terror. Sessions did not begin in the bathroom, but as far away from the bath-

room as we could be but still be in the house. We began in the kitchen. The staff placed warm, soapy water in a large dishpan on the floor of the kitchen. During the first session, the support staff and the kids splashed, ate snacks (e.g., cupcakes, cookies, candy) and generally had a great time. As they “had a great time” they bathed. We sometimes refer to this type of strategy as “picnic therapy;” it surely looks like one. By the way, it was during these sessions that we learned something very important...Hostess Cupcakes float, but not for long.

The support staff conducted each session gradually closer and closer to the bathroom. The sessions began from the kitchen, then gradually across the living room, down the hallway, gradually entering the bathroom and into the bathtub. Once in the bathtub, support staff gradually increased the depth of the water. After a period of about 3 months, the support staff were successfully bathing the kids in the bathtub. Over the next month, the mother was gradually faded into the bathing role. Figure 9 below illustrates how each new CS is paired with the UCS of snacks, warm water, and play as they move up the hierarchy.

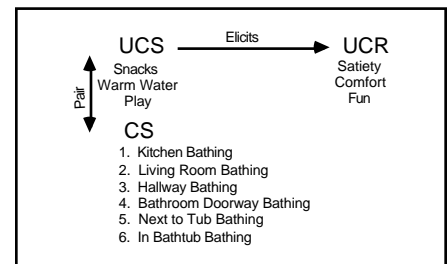


Figure 9 - An Illustration of How a New Conditioned Stimuli (CS) is Paired with an Unconditioned Stimuli (UCS) to Elicit a Pleasant Unconditioned Response (UCR)

In summary, we might conclude that the anxiety and terror experienced by Billy and Lisa was counter conditioned or replaced by feelings of pleasure, comfort, fun and warmth. At the very least, we can say that bathing no longer terrified the kids.

Counter conditioning is not a newly discovered strategy. Mary Cover Jones (1924) reported the first successful use of counter conditioning to eliminate a fear of rabbits in a 34-month-old, healthy boy named Peter. As the story goes, Peter's fears ranged from a rabbit or fur coat to cotton wool (CS). During the process of change, staff brought Peter to a playroom daily where the rabbit was al-

fied, arrange them in a hierarchy, from those that elicit very little of the anxiety or anger to those that elicit the most anxiety or anger.

- c. An unconditioned stimulus that elicits a positive/competing emotional response (e.g., relaxation, satiety, comfort, fun) needs to be identified or trained (as is the case with relaxation).
- d. Sessions need to begin at the bottom of the hierarchy, with items that elicit very little of the unpleasant emotional response (e.g., anger/anxiety). Pair or associate the first conditioned stimulus on the hierarchy with a stimulus (UCS) that elicits a pleasant response (UCR). For example, eating while the dog is 20 feet away, playing while bathing in the kitchen.

e. As the person is successful at each level, (e.g., shows no sign of anxiety or anger), present new items gradually higher on the hierarchy.

3. *Systematic Desensitization*

Systematic Desensitization may be thought of as a specific form of counter conditioning in which relaxation is the competing response. The technique was first described by Joseph Wolpe (1958, 1961, 1973) as a strategy for alleviating anxiety. Systematic Desensitization involves several steps:

- a. *Teaching Relaxation.* Wolpe believed that deep-muscle relaxation would compete with or inhibit anxiety. His vehicle for teaching relaxation was a version of Jacobson's (1938) progressive muscle relaxation in which the person is taught to relax by alternately tensing and releasing various muscle groups throughout the body. At the same time, the therapist who guides the relaxation training uses "key words" to associate with the feeling of relaxation, including warmth, relax, calm, etc. Here are some examples of typical

progressive relaxation training instructions:

- *Hands.* "Tense your hands. Make a fist and squeeze...Feel the tension. Now, let your hands go. Relax your hands. Feel the warmth as the blood rushes back into your fingers."
- *Forearms.* Rest your forearms resting on the chair with palms down, "Bend your hands at the wrists...Try to point your fingers straight up at the ceiling...Feel the tension. You can feel the strain in your forearms...Now, let your hands fall down and touch the arms of the chair. Relax your forearms. You feel better; your arms are feeling relaxed and warm."

Depending on the training guide a person might use; other target muscle groups might include biceps, shoulders, forehead, face, lips, tongue, neck, chest, stomach, back, legs and thighs, buttocks, calves, and feet.

While Wolpe used Jacobson's progressive relaxation, subsequent research has led to a plethora of strategies designed to teach relaxation. Bernstein and Borokovec (1973) published a training manual for teaching progressive muscle relaxation. Autogenic Training (Schultz and Luthe, 1969) has been used to induce relaxation. Cautela and Groden (1978) published a manual for teaching relaxation to adults, children, and children with special needs. In our opinion, this is one of the most useful relaxation training tools available today.

- b. *Constructing Anxiety Hierarchies.* According to Wolpe, anxiety hierarchies consist of graded lists of events that elicit anxiety. If we were to put each event that elicits anxiety on a 3 by 5 inch index card, and if we were to stack the cards, the items at the bottom of the stack would elicit the least amount of anxiety while the items at the top would elicit the most. As you would progress from bottom to top, the level of anxiety a person would experience would increase.

Systematic Desensitization may be thought of as a specific form of counter conditioning in which relaxation is the competing response.

ways present. To facilitate the deconditioning/counter conditioning, staff placed Peter in a high chair and gave him food (UCS). As Peter would eat, the rabbit was brought gradually closer. The major steps included:

- Rabbit 12 feet away in a cage.
- Rabbit 4 feet away in cage.
- Rabbit 3 feet away in cage.
- Rabbit inches away in cage.
- Rabbit free anywhere in room.
- Peter touches rabbit when therapist holds it.
- Rabbit allowed on tray of high chair.
- Peter squats next to rabbit.
- Peter holds rabbit on lap.
- Peter stays alone in room with rabbit.
- Peter fondles rabbit.
- Peter lets rabbit nibble fingers.

By the end of the process, Peter showed no signs of being afraid of rabbits.

Counter conditioning involves several distinct steps that need to be followed:

- a. Identify the conditioned stimuli (CSs) that elicit the negative response (e.g., anxiety, anger, etc.).
- b. Once the CSs have been identi-

Here is an example of a preliminary hierarchy for a person who has a fear of spiders:

- 1) You can see a large spider on the ceiling of your bedroom.
- 2) The spider is slowly crawling across the ceiling in your direction.
- 3) The spider is about 10 feet away and you can see that its body is about the size of a quarter.
- 4) The spider is about located over the top of your head and is starting to drop toward you on a web.
- 5) The spider is about 5 feet above your head. Now you can see its tiny eyes.
- 6) The spider is about 2 feet above your head. Now you not only see its eyes, but it seems to be waving its front legs at you.
- 7) The spider is sitting at the end of its web, directly in front of your eyes.
- 8) The spider lowers itself down to your lap.
- 9) The spider is crawling along your leg.

c. *The Desensitization Procedure.* An individual can carry out Desensitization in imagination, as in the spider hierarchy above, or in-vivo (in real life). Selection a particular method of presentation is partially a function of practical considerations. It may be difficult to choreograph a spider to do what has been depicted above. However, available research has concluded that the closer to real life the procedure, the faster and better the desensitization procedure works. Essentially, the procedure involves the person relaxing as items on the hierarchy are presented. As the person reaches success at one level of the hierarchy, the therapist presents the next higher item on the hierarchy. Here are some general guidelines for carrying out the procedure itself:

- 1) Each session should begin with the person relaxing. There may be several minutes of relaxation before the first item on

the hierarchy is presented.

- 2) Desensitization begins with the “lowest” item on the hierarchy. If the scene is imaginary, the therapist provides the person with cues to “imagine” himself in the situation. For example, the therapist might instruct the person to, “Imagine you are sitting on the couch. You look around the room and you notice a black spot on the ceiling. The spot is vague, but it looks like a spider.”
- 3) During the presentation of each scene, the person is cued to relax. The therapist weaves cues of relaxation throughout the scene. For example, “You are relaxed. You are feeling calm. As you are sitting there feeling very relaxed, you see a spot on the ceiling. The spot looks like a spider, but it doesn’t bother you; you are feeling perfectly relaxed...Take a deep breath.”
- 4) The therapist should present each scene 30 to 45 seconds. At the end of the scene the person is encouraged to relax and to discuss any difficulties, stresses, etc.
- 5) Authorities in this field suggest that each scene should be repeated four or five times, or at least until the item on the hierarchy can be presented comfortably without anxiety for three successive exposures.
- 6) The process of imagining, or experiencing an item on the hierarchy, and relaxing continues until the person completes the entire hierarchy.
- 7) According to Wolpe, the ideal sessions should be from 15 to 20 minutes in length. Beyond this time, the person may be in danger of losing concentration.
- 8) The therapist should end each session on a positive note. The person should stop on an item

of the hierarchy that can be easily tolerated.

We talked about Wanda earlier in this article. She is a woman, in her mid-thirties, who has moderate learning difficulties. At the time of the referral, she lived with seventeen other adults with learning difficulties in a large group home. As described earlier, physical aggression caused her referral. She would bite, claw and scratch people around her when they would scream. Similarly, when someone would turn on the vacuum, she would lunge at the vacuum and physically attack it. In her assessment, we concluded that her physical attack was a way of coping with the noise of screaming and the noise of the vacuum. In other words, when a person would scream or the vacuum was turned on (CS), Wanda appeared to have an immediate negative emotional reaction (CR). Her face would redden, her eyes would widen and she would orient to the “sound.” She gave every indication of being fearful or even angry. In the assessment, we concluded that over the years Wanda had learned a way of coping with these noises. We also concluded that an attack on the source of the noise resulted in its removal.

Therapists and support staff used a number of strategies to get Wanda to stop attacking others. They included time out, loss of privileges, physical containment, reinforcement for alternative behaviors

An individual can carry out Desensitization in imagination...or in-vivo

(e.g., being friendly) and reinforcement for the absence of assault. However, none individually had the intended effect. We concluded that the consequences used to discourage assault did nothing for the fear that she experienced. So we decided to attempt to help her cope with the “sounds” that she had difficulty tolerating. We selected to use a modified Systematic Desensitization approach.

Our support plan began by teaching

Wanda to relax using a Progressive Relaxation strategy. Staff taught her to tense and to release various muscle groups in an orderly fashion. Relaxation sessions were conducted in the afternoons after returning from her work program. Staff conducted sessions 10 minutes out of each hour from about 4 pm to 8 pm. It took Wanda about 3 weeks to complete the relaxation training. At the same time

have the opportunity to live in her own home with, perhaps, one or two other people of her choosing, none of whom would be a "screamer." However, this would not have necessarily precluded the need for Systematic Desensitization, since vacuuming and other loud noises may have remained problematic for Wanda.

Desensitization sessions were conducted at the same rate as the relaxation sessions. At the beginning of the first session, and all sessions thereafter, Wanda began by practicing relaxation while lying on her bed. Once she was relaxed, a staff person turned on the tape recorder containing the "screaming tape" (which was about 2 feet from her head). However, the volume was so low that it could barely be heard. It sounded a little like a distant scream. At the same time, the staff member

coached her in relaxation and shared bite sized treats with Wanda. At the end of each session, the tape recorder was turned off and Wanda continued to relax for a short period. Each session, staff person increased the volume by a small amount (i.e., moved up the hierarchy). If Wanda appeared to become agitated during a session, the tape recorder was turned off and she was coached in relaxation. When staff introduced the screaming again, it was introduced at the last level she was successfully able to tolerate without signs of discomfort.

Staff discontinued training when Wanda could tolerate without difficulty the sound of screaming at about a 90 db level. It was loud enough that a person could hear the screaming outside of the group home without difficulty.

As part of Wanda's support plan, she was also reinforced for the absence of tantrums (which included attacking others for screaming). How successful was the combination of procedures? Initial baseline data showed that Wanda had 132 tantrums a month. During the period from February 1985 through April 1985, tantrums decreased to zero. From May 1985 through September 1986, staff recorded seven incidents of tantrums, none of which had screaming as the antecedent.

After the termination of desensitization for screaming, sessions were begun around the "vacuum." As you may remember, anytime that Wanda heard a vacuum, she would physically assault the person operating the vacuum and would continue until it was turned off.

The first desensitization session began with Wanda practicing relaxation as described above. Snacks continued to be available during natural breaks in the short sessions. As Wanda was relaxing with the door closed to her room, the vacuum was turned on at the end of the hallway (we paced it off at 90 feet). For each successive session, staff brought the vacuum closer to Wanda's room. At one point it was outside her closed door. The next session, her door was cracked a hair. During subsequent sessions, her door was opened gradually a few inches at a time. At one point Wanda had no difficulty tolerating the vacuum on with her door wide open. As sessions continued, staff brought the vacuum closer and closer to the center of the room. The therapist terminated her sessions when Wanda could easily tolerate her coach vacuuming her room as she relaxed on her bed.

There was no question that Wanda was successfully desensitized to vacuums. At one point, the executive director of the group home, seeing her success, assigned her a job for the facility; what other than vacuuming. She carried out this responsibility proudly.

Respondent therapies offer another large group of Positive Programming strategies (LaVigna et al., 1989) that can be used to help people cope with many of life's challenges. They can be carried out either in imagination, in simulation, or in real life. They have tremendous utility within a Multielement support plan (LaVigna & Willis, 1995) with problems that seem to have as their foundation, strong negative emotional reactions.

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If Wanda appeared to become agitated during a session, the tape recorder was turned off and she was coached in relaxation.

Wanda was learning to relax, the staff person conducting the session found brief times during which he could share small treats such as popcorn and raisins. They were not used as reinforcement, but were shared naturally as breaks in the session would occur.

The first conditioned stimulus to be addressed was "screaming," because of its potential danger if Wanda were to attack and injure the person screaming. Wanda did not participate in the development of the hierarchy. Our assessment showed that almost any level of screaming resulted in her attack of the person who was screaming. To prepare, we sent staff out to look for an "environmental tape" on which there was screaming. Since no "environmental tape" could be found, one staff member went into a room and screamed into a tape recorder for about 15 minutes. We made the assumption that the louder the screaming, the greater the likelihood of Wanda feeling panic or anger and attacking. (*Editor's Note: Our work with Wanda was very early in our experience at IABA and predated the introduction of supported living as the preferred way of providing residential support. Today, we might recommend as an Ecological Strategy (LaVigna & Willis, 1995) that Wanda*

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Description and Operational Definition of Problem Behavior

Editor's Note: Poor definitions, changing definitions, different definitions, inaccurate data, lack of data, inability to observe and other things may make it very difficult to focus in on the exact problem when a referral is received. These problems may be further exacerbated by a lack of clarity in the referral itself as to what is of most concern to people. Even so, good definitions are necessary for accurate measurement and evaluation, necessary for consistent implementation of a plan of support, and necessary to help the person understand expectations and learn new skills. What follows is a behavioral definition from our clinical files of a referral problem that challenged us in crafting a definition that would give our assessment, functional analysis, and recommended support plan the clarity of focus we wanted. We thought it might be an interesting and useful one for your files.

Inappropriate Sexual Behavior

The following documents were reviewed in an effort to define the problem described as "Inappropriate Sexual Behavior." The documents included an Individual Training Program dated July 12, 1995, Individual Service Plan dated August 2, 1995, Semi-Annual Progress Report dated July 14, 1995, and Individual Program Plan dated August 8, 1995. None of these documents described Inappropriate Sexual Behavior as a target concern. A review of records revealed a document dated May 1994 in which inappropriate sexual behavior was defined as follows: "...includes placing items in his rectum, rubbing crotch in public (Note:

Barry will spend long periods of time in the bathroom with magazines. This is not a problem unless it impacts another person or unless Barry uses the behavior to avoid class/tasks/activities.)" The impression from talking to staff is that this definition has been expanded to include public masturbation and engaging in sexual activity with an unwilling partner. The following description breaks down a variety of topographies that were mentioned by staff that may or may not have been included in their recording.

A. *Topographies*. Inappropriate Sexual Behavior, therefore, involves several distinct topographies:

1. *Public Masturbation*. This involves masturbatory activity carried out in public places (e.g., park, living room) or under conditions where the public could observe the activity (e.g., in bedroom with the window open, in a public bathroom with the stall door open, in his bedroom with his roommate present). For example, Barry has been observed to masturbate in his room with the blinds open so that he could be easily seen if someone walks by. In a recent report, Barry was observed masturbating in the park. He wandered away from the group, sat on the end of a children's slide and began masturbating. There were no children present at the time.
2. *Public Genital Manipulation*. This category of action involves touching his genitals when in public places (i.e., other people present). It does not include actions that appear to be scratching.
3. *Penile Self Injury*. This category of action involves actions involving the penis that cause damage or have the potential of causing damage. Reported incidents in this category have included putting objects in his penis, tying his penis with string or other binding straps, and striking his penis against objects (e.g., walls, furniture). For example, on October 1, 1995, Barry placed a plastic lock tie around the shaft of his penis approximately 2

inches from the tip. This was discovered when Barry came to staff asking for help to remove the tie. On another occasion (September 4, 1995), while Barry was at home in New City, he placed a flat head screw driver into his penis up to the handle. This was discovered by staff when they noted blood in his urine. On another occasion (May 2, 1995), he inserted the tube from a plastic spray bottle into his penis.

4. *Rectal Insertion.* This category of behavior involves inserting objects into his rectum, other than his fingers or objects that have been certified as non-dangerous. For example, on May 3, 1995 Barry was observed to be bleeding from his rectum. He admitted that he put a shower hose up his rectum.
5. *Inappropriate Ejaculation.* This category of behavior involves ejaculation on objects and people. Staff describe that when Barry masturbates he is likely to ejaculate around his room. For example, an incident described in staff notes at the home described that he ejaculated on a book. The behavior would be recorded anytime that ejaculate is found on objects (not including clothing and bedding) or others' report that Barry has ejaculated on them.
6. *Sexual Assault.* This category of

behavior would involve any sexual activity with another person carried out against the person's permission. This would also include incidents in which the person is a willing partner, but decides to stop and Barry continues against the person's will.

- B. *Cycle of The Behavior.* For the purpose of recording, an incident of inappropriate sexual behavior begins at the first emission of any one of the above described topographies. Additionally, each topography should be reported as a separate event. The cycle ends when the topography(s) have been absent for at least five minutes.
- C. *Course of the Behavior.* Those interviewed were unable to identify any precursors that might signal Barry would be likely to engage in one of the above topographies (e.g., agitation, frequent use of the bathroom, etc.). Staff suggested that there have been incidents in the evening that were preceded by Barry acting in a euphoric way, but they were not sure about this.
- D. *Strength/Severity of the Behavior.* The below chart presents the approximate number of incidents of Inappropriate Sexual Behavior. It is an approximate number since the chart is based on mathematical extrapolations from average daily rates (i.e., average daily rates were multiplied by 30.5 to

achieve average monthly rates). While the frequencies are low, it is the types of actions on Barry's part that have raised concern, because they represent a potential danger to Barry and could bring him in contact with the authorities. For example, in February 1993 Barry reportedly had a consensual sexual relation with his roommate but failed to stop when his partner objected. Also, in October 1993, a sigmoid-oscopy revealed two small ulcers just inside Barry's anus that the physician felt was the result of sticking objects in his rectum. In September 1995 he developed a bladder infection as a result of sticking a screwdriver into his penis, which was discovered because staff noticed blood on his toilet seat. Similarly, sticking objects into his penis and rectum resulted in minor bleeding in May 1995. Most recently, Barry was observed masturbating at a park where children could have been present.

The chart below shows the monthly frequencies of inappropriate sexual behavior since Barry's arrival in the program. There have been relatively few reported occurrences, but staff feel that this is the result of close monitoring. The chart clearly shows an increasing pattern. However, the incidents remain low. This chart also shows incidents from July through November 1995 that were extrapolated from incident reports.

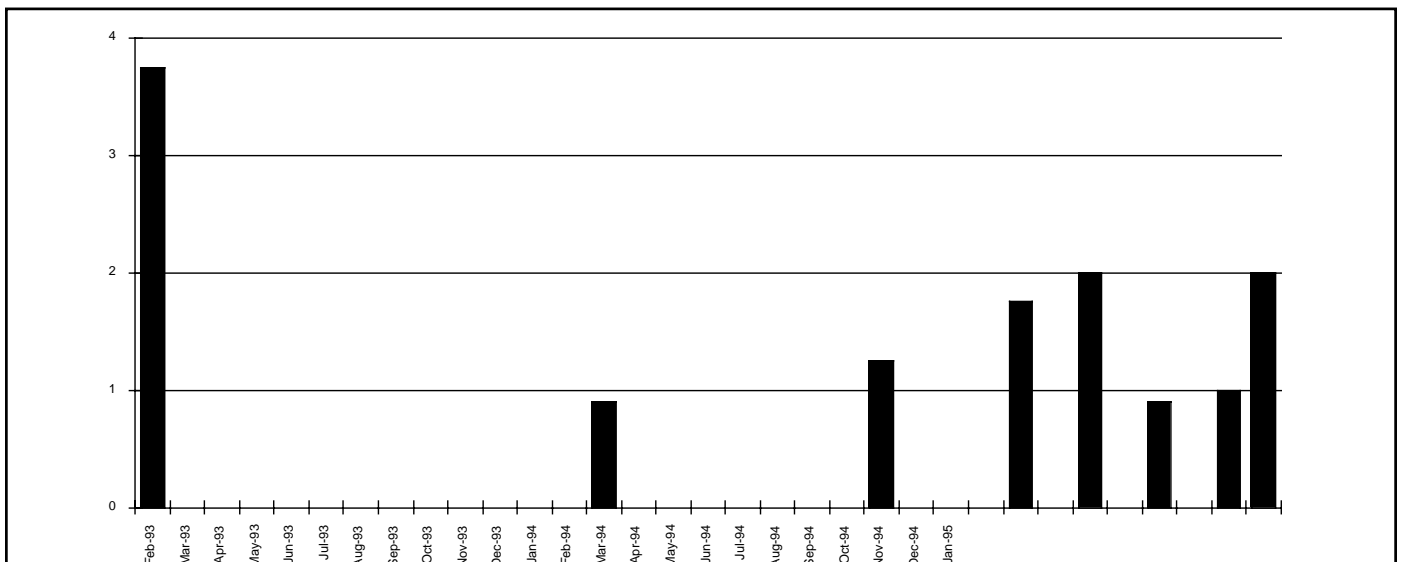


Figure 1 - Inappropriate Sexual Behavior

Procedural Protocol - Wearing a Bra

Editors' Note: Recently, we had the opportunity to support a teenage girl who, among many serious problems, had the relatively less serious problem of refusing to wear a bra. This was something that her mother thought was important for two reasons, one was that she was very well endowed and the other was that she had the penchant of taking her blouse off when on the school playground. Being on a regular high school campus, this behavior was not only distracting to many of the students, it was also causing the parents of other students to complain about her continued presence in that school. This seemed to us to be a classic example of a person's behavior leading to possible exclusion and devaluation. The following describes one of the positive programs we developed to include in her comprehensive, multielement support plan aimed at this and her other challenging behavior.

It is only those of you who are over 45 years old that may appreciate the fictitious name we used in this example.

Protocol:

Name: Jane Russell

Date Developed : May 4, 1996

Protocol Name: Wearing a Bra

Materials: At least three comfortable bras in Jane's "bra drawer," an alarm watch, a reinforcement chart with three sections (1. a picture from a country and western magazine with a woman wearing a maiden form bra; 2. 30 boxes for check marks; and 3. a picture of Jane shopping in her favorite clothing store), and the master data sheet.

Schedule: Once each day.

Responsible Person: As assigned.

General Statement: Many of Jane's seriously challenging behaviors are a reflection of her inability to cope with negative emotions (e.g., anxiety, anger, fear, aversion) in socially acceptable ways, emotions that are brought on by aversive events such as delay in gratification, denial, rejection, discomfort, etc. While some of these events can be avoided, these events may also be naturally occurring. Especially if she is to lead a full life. In the face of these events and the emotions they understandably arouse, Jane's coping responses have not had the opportunity to develop much beyond the primitive tantrumming responses of a young child; nor is she likely to develop much beyond this level through the "natural

consequences" or even the program consequences that have been a part of her life for more than three years now. Rather, it will be necessary to be as systematic in applying sophisticated instructional technology, with the objective of teaching her these very important coping and tolerance skills. The following is a recommendation for how to proceed in this important area of skill development in developing Jane's tolerance for wearing a bra.

Method:

Step 1. Have Jane select a bra from her "bra drawer" for her to wear that day. There should be a minimum of three soft, cotton bras that have been selected particularly for comfort.

Step 2. Each morning, when Jane has put on her bra, say, "you are getting to be such a grown up woman, let's set the alarm for _____ o'clock and see if you can keep it on at least until then."

Step 3. Set alarm with Jane to the agreed upon time.

Step 4. When alarm goes off, say "That's terrific, Jane, you kept your bra on for a long time today. Let's mark your chart."

Step 5. Have Jane mark chart and say "You are doing great, remember, when the chart is full, you get to buy some new

clothes. Do you want to keep your bra on some more or do you want to take it off now?"

Step 6. If she wants to take it off, help her find some appropriately private spot to do so. If she wants to keep it on, make an enthusiastic comment about her adult attitude and move on to the regularly scheduled activities.

Step 7. Later, if she gives even the smallest indication that she would like to take her bra off, do not hesitate to let her, as described above.

Step 8. Mark time on master data sheet

If she indicates that she wants to take off her bra before the alarm goes off:

Step 1. Tell her that you know it is uncomfortable and she can take it off if she wants. However, then immediately ask her if she wants to wait until the alarm goes off so that she "...can mark your chart later."

Step 2. If she decides to keep it on, praise her decision with as much sincerity as possible and proceed with the regularly scheduled activities.

Step 3. If she still wants to take it off after encouraging her to keep it on, help her find some appropriately private spot to do so. Your tone at this time should be matter of fact and noncritical.

Step 4. Mark time on master data sheet.

Step 5. When alarm goes off, say "There's the alarm for your bra. Remember, you took it off earlier. That's O.K., Jane. You can wear your bra longer tomorrow so that you can mark your chart."

Comments

The initial length of time set on the alarm should be one hour less than indicated as likely for success from her previous records, but not more than four hours. It should then be increased by 15 minutes every time the pass criterion has been met.

Pass Criterion

Three days in a row with success.

Fail Criterion

If a full week goes by with meeting at least one pass criterion, the protocol should be reviewed and revised.

IABA's First International Conference

In February 1997, IABA hosted its first International Conference to Advance Positive Practices in the Field of Challenging Behavior. Held at Birkbeck College in London, the conference was attended by 42 representatives from Ireland, Norway, the United Kingdom and the U.S. All representatives attending have attended one of IABA's Summer Institutes or Longitudinal Programs.



Participants in the conference were: David Agee, Peter Baker, Kay Brunning, Ivan Burchess, Phillip Champion, Therese Chiara Johnston, Marion Cornick, Caroline Dench, Taj Edwards, Christine Edwards-Daem, Jamie Emberson, Sue Epich, Dona Evans, Ann Green, Sally Harte, Robert Jones, Simon Kemp, John Kermode, Albert Kushlick, Gary LaVigna, John Marshall, Petra McAuley, Brian McClean, Bruce New, Robert Noble, Joan Oslund, Robert Patterson, Mick Pitchford, Christopher Rezende, Wynelle Roberson, Alison Robertson, Karen Rookes, Neil Rothwell, Frankie Schwartzwald, Alan Sumner, Ed Thomas, Madeleine Thomas, Jill Vaughan, Fiona Veitch, Pat Walsh, John Williams and Tom Willis. Many are pictured in this photograph.

The next conference is being planned for February 1999 and will be held at Walt Disney World in Orlando, Florida. Participation in the conference will be limited to previous participants in one of IABA's Summer Institutes or Longitudinal Programs. More information on the dates, location, theme and a call for papers will be announced in the near future. It is not too early to make your plans to attend this conference.

The 1997 TASH Conference is December 10-13, 1997 at the Sheraton Boston. Boston is a city with an impressive history inspiring action. A perfect match for an organization known for the same! "Inclusion" is not necessarily a revolutionary idea. However, the actual realization of true inclusion still has many miles to go, and there are still many battles to win. This is the opportunity to learn and share from the people whose combination of personal experience and professional expertise have led the disability movement. Over 2,400 advocates, educators, disability leaders, university personnel, community members, family members, and others who believe in the values you do attend this conference. The TASH Conference has always had incredible motivating

power! Specific sessions that give in-depth and practical information on vision, goals, strategies for implementation, and systemic evaluation of the full spectrum of inclusive services will be offered. This is one conference you can't afford to miss! Mark your calendars and watch for more information, or to be on our mailing list call TASH at 1-800-482-8274.



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Resources

Training Calendar

Assessment and Analysis of Severe and Challenging Behavior

Gary W. LaVigna & Thomas J. Willis

This competency-based training practicum provides participants with the clinical skills required to design and implement person-centered multielement nonaversive support plans.

Los Angeles • July, 1997

Auckland • August, 1997

Melbourne • September, 1997

IABA International Conference to Advance Positive Practices in the Field of Challenging Behavior

Enrollment limited to previous participants in IABA's Two Week Institute and Longitudinal Training.

Walt Disney World, FL • Winter 1999

Positive Approaches to Solving Behavior Challenges and The Periodic Service Review

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.

June, 1997 - New Zealand Seminars (Auckland, Christchurch, Palmerston North)

June, 1997 - US Seminars (Watertown, WI)

July, 1997 - US Seminars (Los Angeles, CA)

August/September, 1997 - Australia Seminars (Adelaide, Brisbane, Hobart, Melbourne, Sydney)

October, 1997 - US Seminars (Boston and Minneapolis)

1997 TASH Conference

"We the People, ALL the People"

Boston • December 10-13, 1997

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

Staff Supervision and Management Strategies for Quality Assurance

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

Evolution 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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