



A quarterly publication dedicated to the advancement of positive practices in the field of challenging behavior  
Volume I • Number 4 ISSN 1083-6187 • July 1996

## Behavioral Technology in Support of Values

Gary W. LaVigna and Thomas J. Willis  
Institute for Applied Behavior Analysis, Los Angeles California

### Introduction

#### *The problem: Throwing the Baby Out with the Bath Water*

One of the more exciting developments in the field of developmental disabilities over the current years has been the introduction of an explicit discussion about values. The impact of that on the field has been enormous and to the great benefit of people who need support, including those who have challenging behavior. The result has clearly been that many more people have a significantly better quality of life. There is, however, something that has troubled us. That is, as sometimes happens during a revolution, people throw the baby out with the bath water. Specifically, along with this discussion of values and its infusion into the field, we see, from time to time, behavioral technology dismissed, disregarded and thrown out, with the implication that there is an inherent conflict with values. This may even occur when behavioral technology can be helpful in promoting the very values that are being expounded. The following vignette illustrates why we are concerned:

*Upon invitation, we enter a person's home and find that he is sitting there at 2:00 o'clock in the afternoon. We ask questions about why he isn't out working during that time of day. The answer we get is:*

*"Well, it is his choice. He is choosing not to participate." As we consider the quality of this person's life, we see that he is not opting for going into the community at all. He is not opting to participate in the maintenance*

*of his own home and the preparation of his own meals. He is not choosing to go out and earn some money to contribute to his own life. As a result, he is living a very poor quality of life, separated from others, a life of routine and boredom that seems devoid of any apparent joy or happiness - all in the name of choice.*

In such a situation, relatively simple behavioral technology, such as *shaping* or a *formal schedule of reinforcement* could encourage him and provide some inducement for him to become more involved and in the long run have a better quality of life. How many of you have seen "choice," for example, being used as an excuse not to be providing any services to a person, where people are saying, "Well, it is his choice." That happens, and that is just an example of where the baby is being thrown out with the bath water. Where, for example, a simple schedule of reinforcement, which might be very effective in providing an incentive for this person to get up, go out, do and so forth, is rejected in the name of values. We have prepared this article to

*Continued on page 7*

### Contents

Behavioral Technology in Support of Values .....	1
Editors' Note .....	2
Quality Monitoring at Church Parade .....	3
Definition of a Problem Behavior .....	17
Procedural Protocols - Behavioral Escalation .....	18
Resource Focus: Competency Based Training .....	22
IABA Resources .....	24

**Positive Practices**

**Publisher**

Institute for Applied Behavior Analysis  
A Psychological Corporation

**Co-Editors**

Gary W. LaVigna and Thomas J. Willis

**Managing Editor**

John Q. Marshall, Jr.

**Institute for Applied Behavior Analysis**

Gary W. LaVigna, PhD, Clinical Director  
Thomas J. Willis, PhD, Assoc. Director

**Service to Employ People**

Julia F. Shaul, LCSW, MSW  
Director of Supported Employment  
Stacy L. Daniels, MA  
Asst. Director Supported Employment  
Susan Caraway  
Manager - Los Angeles  
Ayndrea LaVigna  
Manager - Ventura County  
Kerry Costello, MA  
Manager - West Los Angeles  
Leilah Sadd  
Manager - North Los Angeles  
Patricia Speelman, MA  
Manager - Orange County

**Social/Community Integration and Participation**

Maryam Abedi, PhD  
Director of Supported Living  
Melissa Shapiro  
Supervisor - North Los Angeles  
Ellen J. Lewis, PhD  
Manager - Ventura County  
Lori Leak  
Supervisor - Ventura County  
Cheryl Stroll-Reisler, MA  
Manager - Los Angeles  
Peggy Dreisbach  
Supervisor - Orange County

**Competency Based Training Program**

Diane Sabiston, MEd  
Program Consultant - Georgia

**Professional Training Services**

John Q. Marshall, Jr., MEd  
Director of Professional Training Services -  
South Carolina

**Printed Resources**

Brenda LaVigna  
Supervisor - Book Sales

**Administration**

Jonathan C. Mohn  
Director Finance and Accounting  
Robert H. Shelton  
Director of Human Resources  
and Administrative Services

Copyright 1996 by:

Institute for Applied Behavior Analysis  
5777 West Century Blvd. #675  
Los Angeles, CA 90045 USA  
(310) 649-0499

All rights reserved. No portion of this newsletter may be reproduced by any means without the express written permission of the Institute for Applied Behavior Analysis.

*Positive Practices* (ISSN 1083-6187) is a quarterly publication of the Institute for Applied Behavior Analysis. Individual issues are \$10.00 each. Subscriptions are \$25.00 per year for delivery within the US and \$40.00 per year for delivery outside of the US. For subscription information, change of address or information on classified advertisements contact: John Marshall; IABA; PO Box 5743; Greenville, SC 29606-5743 USA; (864) 271-4161.

Individuals wishing to contribute articles or letters to the publication are requested to contact Gary LaVigna or Thomas Willis; IABA; 5777 West Century Blvd. #675; Los Angeles, CA 90045 USA; (310) 649-0499.

# Editors' Note...

It seems hard to believe but this is the fourth quarterly issue of *Positive Practices*. We have been extremely gratified by the reception we have received and the positive comments you have made about the usefulness of the information we have been providing. We fully intend to make our second and all subsequent years equally relevant in providing information to help advance positive practices in the field of challenging behavior. If we have fallen short of one of our goals for *Positive Practices* this first year, it is that we had hoped it would provoke more questions, comments and, yes, even challenges from you. We think dialogue and debate is important to clarifying and advancing our own thinking and we would think that publishing that dialogue would be of interest to our readers. To facilitate this, we challenge each of you to submit a question or comment on any of the material you read in this issue or have read in any of the previous issues of the newsletter. Of course, you are free to send us any comment or question relating to positive practices in the field of challenging behavior. For those who would prefer sending us a letter or postcard, our address is:

IABA Newsletter; 6169 St. Andrews Rd., #123; Greenville, SC 29606-5743 USA. For those who would prefer using E-Mail, our address is: jmarshall@iaba.com

In this issue of *Positive Practices*, we tackle a number of things. First, we have written an article which addresses what we believe is a growing problem that many of us face. This is the rejection of behavioral technology in the name of "values." We believe that behavioral technology can and should be used in support of values and that the rejection of this technology can lead to the further exclusion and devaluation of the people we are trying to support. We try to clarify our views on this topic in our lead article. In this issue, we have also included an article submitted by Jenny Beaty and Ivan Burchess, from Great Britain. In this article, they describe the early stages of developing and implementing a Periodic Service Review (PSR) system in a quality improvement effort for a segment of their service system. This is the first of many articles we hope to publish in the future describing how the PSR system has been implemented by a variety of agencies. In this issue, we have also included another behavioral definition and sample procedural protocol. The definition is for the problem of defiance, one of the challenging behaviors presented by an adolescent girl who was considered to have a severe emotional disturbance. The protocol is one designed to get control over escalating behavior. This was part of a support plan for a young man challenged with the problems associated with Autism.

We hope that once again you find this information interesting and useful. This month, we expect to be very busy. As some of you are aware, we are having our eighth annual, two-week summer institute. It is fully enrolled so we will all be working very hard. We expect that you will be doing the same. Even so, let's all take some time to slow down and savor what we do and all the other good things in life.



Gary W. LaVigna, PhD  
Clinical Director



Thomas J. Willis, PhD  
Associate Director

Gary W. LaVigna and Thomas J. Willis  
Co-editors

# Quality Monitoring at Church Parade: Report on a Quality Monitoring Initiative at a Residential Unit for People with Learning Disabilities

*Jenny Beaty, Learning Disability Service, Shropshire's Community Health Service  
National Health Service (NHS) Trust*

*Ivan Burchess Behavioral Services Team, Shropshire's Community Health Service  
NHS Trust*

*Editors' Note: It is a pleasure to include in this issue an article by Ivan Burchess and his associate, Jenny Beaty. We first met Ivan more than eight years ago when he attended one of the first seminars we held in Great Britain. Ivan then attended our first Summer Institute in the summer of 1989. We have since valued the years of collaboration and friendship we have enjoyed with him. In this article, Jenny and Ivan describe the early results of installing the Periodic Service Review (PSR) system in a residential unit in Great Britain. While the real value of the PSR is in the lasting improvements in service quality it produces, we often receive questions of concern about the difficulty of developing and implementing the system. This article describes how the early stages of developing and implementing a PSR system can be carried out in a simple and straight forward manner in a well defined service setting. We hope it acts as an inspiration for many of you to do the same. We'll ask Jenny and Ivan for a follow-up report on this project next year. An earlier version of this paper was submitted for the 1996 Shropshire Community Health Authority Chairman's Award for Quality.*

## Background to the Project

### Church Parade

Church Parade is a six bedded unit in Telford designed to provide short term residential services to people with a learning disability who also display major behavioral problems. The unit is staffed by a team of qualified nurses and nursing assistants. Four of the six beds within the unit are available for short term treatment and assessment purposes and two beds are available for planned respite care.

### Aim of the Project

Demonstrating the quality of the services we provide is becoming increasingly important in the new National Health Service. This project was designed to monitor the quality of the care provided at Church Parade and to provide a means of measuring the outcomes for clients using the facility. The aim was to look beyond simple measures such as waiting

times and bed nights to a system that would look in detail at the service clients receive in comparison to a vision of what the ideal service would look like. Through this monitoring process it was hoped to encourage a culture of excellence within the organization with staff committed to consistently achieving high standards of care for their clients.

### Periodic Service Reviews

The quality monitoring system developed for Church Parade had not been used before in the Community Health Service and was based on an idea from the Institute for Applied Behavioral Analysis in America (LaVigna, Willis, Shaull, Abedi & Sweitzer, 1995).

Periodic Service Reviews (PSRs) measure current performance against a number of clearly defined standards and are completed on a regular basis to monitor the quality of the major aspects of the service being provided by the unit.

The PSR system is designed to present information about the current status of the service in a positive fashion by emphasizing areas of achievement rather than deficit. The system provides a method of rewarding staff for providing a quality service as well as highlighting areas where quality could be improved.

## Developing the Monitoring Tool

### Generating a Vision of a Quality Service

It was felt to be important to involve staff at Church Parade from the outset in the development of the quality monitoring package. Through this, we hoped to overcome the natural resistance to monitoring procedures which is apparent in any staff group. Such resistance is usually due to a lack of understanding of the aim of monitoring, differences of opinion over what is valid or useful to monitor and a fear of retribution if the results are not as desired by the monitors. We wanted staff to feel some ownership of the project in order to enhance their motivation to achieve the standards set out and to consistently strive to improve their PSR scores.

With this in mind, the first stage of the project involved a brainstorming session with the staff on the unit and the Manager of the Behavioral Services Team to generate ideas about what the ideal service would look like. It was important that these visions be challenging but at the same time realistic and achievable giving an indication of where we wanted Church Parade to be.

The ideas generated reflected the values held by the staff team and looked at areas such as how clients would spend their time on the unit, what support plans would be set up for each client and how staff development needs would be met. A list of ideas was agreed to by all and included items such as:

- Clients will have the opportunity to access community facilities on a regular basis.
- All clients will have an assessment and support plan set out to address their challenging behaviors.
- Staff members will receive regular supervision sessions from their line manager.

### Converting the Ideas into Measurable Standards

The second stage of the project involved converting these ideas into a set of standards which are directly measurable and sensitive to changes in the quality of the service so as to clearly reflect any improvements.

Thus:

‘Clients will have the opportunity to access community facilities on a regular basis.’

Became:

‘Clients will spend at least 2 hours out of Church Parade every 24 hours’

Each standard has a clearly defined method of measurement which enables the monitor to give a score to indicate the current performance of the unit in this area.

In the above example the monitor would check whether the standard had been achieved for each of the clients on the unit in the previous 24 hours. The score obtained represents one point for each client for whom the standard has been met, with the maximum score achievable being the number of clients staying at Church Parade.

Sixteen standards were defined in all from the visions generated by the staff. These fall into four areas:

- general client issues
- individual services
- health and safety
- staff development

The list of standards compiled and the method of measuring each can be seen in Table 1 Parts A and B.

## Church Parade Periodic Service Review

### General Standards

1. **Community Participation** - Clients will spend at least 2 hours out of Church Parade every 24 hours.  
\* Record for all clients, was standard achieved over the past 24 hours?  
Maximum score = 1 per client.
2. **Client Timetables** - All clients will have access to an individual daily timetable/diary which is followed and lists activities by times of day. It will include at least 3 discrete activities per day.  
\* Check if timetable is available and meets standard for all clients on day of spot check. Maximum score = 1 per client.
3. **Age Appropriate (AA) and Functional Activities** - Clients will participate in activities which are meaningful and engaged in by others of the same age.  
\* Check for all clients at time of spot check. Score 1 point for each client engaged in a functional activity within a 30 minute time period.  
Maximum score = 1 per client.
4. **No Aversives Used** - Staff are positive with clients at all times and they do not use any aversive techniques.  
\* Observe staff behavior during spot check, score minus points for each aversive spotted: -2 for reprimand or ignoring, -4 for aversive technique written in to formal program. Maximum score = 10.

### Individual Service Standards

1. **Assessment and Individual Support Plans** - All clients will have a written plan which is up to date and available to staff. It will include the following sections:
  - a. description of the client’s challenging behavior
  - b. measurement of the frequency and/or severity of the behavior
  - c. list of contributing factors e.g. medical, ecological
  - d. identification of maintaining factors
  - e. proactive intervention strategies
  - f. reactive/management strategies
 \* Random selection of 1 client at spot check. Score 1 point per section included, 0 if no plan available. Maximum score = 6.
2. **Reliability of implementation** - Clients’ support plans will be followed accurately and consistently by all members of the staff team.  
\* Check for 1 client. Ask 1 member of staff about 5 aspects of the client’s support plan e.g. what would you do if? last time this behavior occurred how was it handled? Score 1 point for each correct answer.  
Maximum score = 5.
3. **Data Summary** - Clients will have the progress of their support plans evaluated monthly and a summary of this data will be kept in their notes.  
\* Check for 1 client. Score 1 if data summary completed in the last month, 0 if not. Maximum score = 1.
4. **Intervention Plan (IP) Meetings** - Each client will have an individual planning meeting within 1 month of moving into Church Parade and thereafter every 6 months. The client and/or an advocate will be invited to this meeting and minutes will be documented and available.  
\* Check for 1 client. Score 1 point if meeting occurred, 1 point if client of advocate was invited, 1 point if minutes documented and available.  
Maximum score = 3.

Table 1 Part A - Church Parade Periodic Service Review

## Church Parade Periodic Service Review (Continued)

### Health and Safety Standards

1. **Medication** - The following standards will be met for all clients:
  - a. medication will be clearly labeled and kept in a locked cupboard
  - b. prescriptions will be clear and easy to read
  - c. details will be available on:
    - reasons for administration of medication
    - intended effect of medication
    - possible side effects to be aware of
  - d. medication will be given at the right time and in the correct doses
  - e. a strategy will be in place for empirically evaluating the effectiveness of the medication.

*\* select 1 client at spot check. Score 1 point for each standard met. Maximum score = 5.*
2. **Fire Drills** - Fire evacuation drills will be carried out once every 2 months.
 

*\* Check records. Score 2 if standard met, 0 if not. Maximum score=2.*
3. **Refrigerator** - All items in the refrigerator will be clearly labeled with a use-by date and, where appropriate, with the date opened.
 

*\* Spot check. Score 1 point if standard met, 0 if not. Maximum score=1.*

### Staff Development Standards

1. **Staff Meetings** - The following standards will be met:
  - a. general staff meetings will take place once a month and minutes will be available within 2 weeks. The unit leader and/or deputy will attend as well as 1 member of qualified staff and 1 or more care assistants.
  - b. trained staff will meet with Ivan Burchess once a month, at least 3/5 will attend and minutes will be available to all staff within 2 weeks.
  - c. Ivan Burchess, Dr. Langton and Mary Davies will meet weekly.

*\* Check that each standard is met from diary and minutes. Maximum score = 3.*
2. **Supervision** - The following standards will be met:
  - a. Staff members will meet individually with their line manager at least once every two weeks.
  - b. All staff members will have an Individual Performance Review (IPR) at least once a year.

*\* Check for one staff member at spot check. Maximum score = 2.*
3. **Handover** - All members of staff beginning a shift at Church Parade will receive a handover from the nurse on the previous shift.
 

*\* Check for 1 staff member. Maximum score = 1.*
4. **Professionalism** - Staff will be appropriately attired and will exhibit a positive, professional attitude acting in accordance with client rights and client advocacy.
 

*\* Observe staff behavior during spot check. Score minus 1 point for each evidence of unprofessionalism. Maximum score = 5.*
5. **Attendance and Punctuality** - Staff will arrive for work within 10 minutes of the start of their shift. If unable to do so they will follow the protocol for absence or lateness.
 

*\* Spot check at time of shift change, it all staff arrive within 10 minutes score 1 point. Maximum score = 1.*

## Running the PSR system

### Collecting the Data

The PSR system was put into operation in October 1995. A Periodic Service Review is compiled by the Assistant Psychologist from the community team once every two weeks at an unannounced visit to Church Parade. In this way it is hoped that the results reflect the true status of the unit at that time rather than giving the staff a chance to prepare for monitoring thereby altering the outcome of the report.

Each PSR evaluates the current performance of the unit and compares it with the 16 standards set out, assigning a score to each. A form was designed to record this information (see Table 2 on page 6). The scores achieved can then be totaled and compared with the overall score possible to obtain a percentage which represents the PSR score for that visit. It is also possible to calculate scores for each of the four general areas listed above.

The scores for each monitoring visit can be displayed graphically to show clearly the changes in quality over time. This continuously updated graph is posted on the notice board at Church Parade so that all can see the progress being made. The results are also fed back in detail to the staff group at monthly meetings where the team are congratulated for their achievements. Areas of need can be identified at these meetings and strategies to improve performance in these areas are discussed with the aim of achieving higher PSR scores in the future and moving closer towards the quality service we all envisioned.

### PSR Results

Results to date demonstrate clear improvements in the quality of the service provided at Church Parade since PSR monitoring began. The score achieved at the first monitoring visit was 54% and this has risen to scores of 80% and above over the first 4 months of the project.

The PSR scores achieved for each monitoring visit are shown in the graph depicted in Figure 1 on page 6.

Although the PSR system has only

Table 1 Part B - Church Parade Periodic Service Review

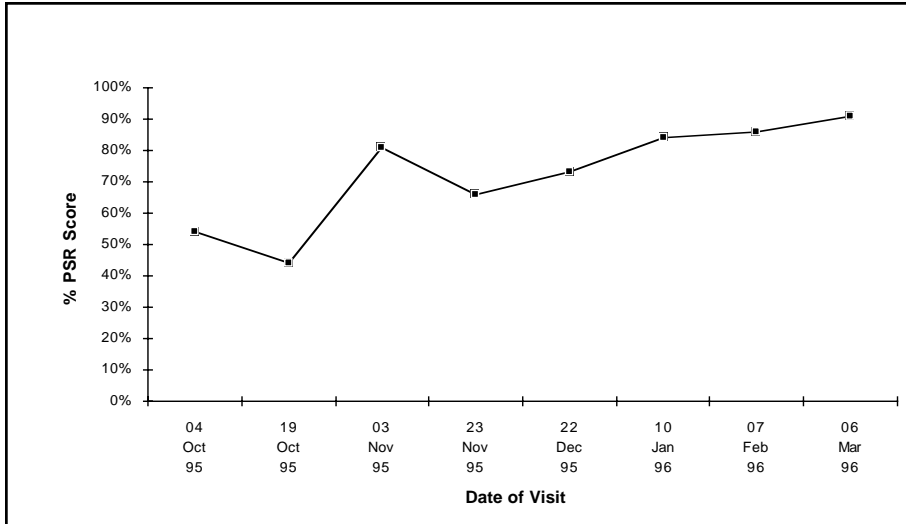


Figure 1 - PSR Results

been in operation for four months, there have already been noticeable changes in the focus of the service and in the attitude of the staff group. Through feedback of the PSR results staff are aware of the areas where they are falling short of their own goals and are striving to meet the standards in these areas thereby improving the quality of the service provided to clients. The development of the monitoring system has focused everyone's attention on quality issues and has provided a vision for all of a high quality service and a practical means of achieving it.

## Advantages of the PSR System

We have identified a number of advantages in using the PSR as our quality improvement system, as follows:

- Simple to set up and run - Setting up the PSR for Church Parade took less than two weeks. Once in operation the system requires very little time commitment to keep it running. Each monitoring visit takes half an hour and the recording form makes it a simple task to calculate the scores.
- The unannounced evaluation visits mean that quality practice forms part of the everyday work of the unit and is not something done only when inspection is scheduled.
- Regular positive feedback to the staff group ensures continuing commitment to the monitoring process and encourages a culture of excellence within the organization.
- The measures are specific - The PSR highlights specific areas of opportunities to improve and provides clear methods of improving standards in these areas so that staff know what they are aiming for.
- Regular evaluations mean that improvements in quality are maintained over time.
- The system is flexible - the standards developed for the service can be altered as they become easier to achieve so that staff are constantly aiming for a higher quality service.

Church Parade Periodic Service Review Score Sheet			
Date:			
Standards	Score Achieved	Score Possible	Comments
<b>General</b>			
1. Community Participation			
2. Client Timetables			
3. AA and Functional Activities			
4. No Aversives		10	
<b>Individual Programs</b>			
1. Assessment & Treatment Plan		6	
2. Reliability of implementation		5	
3. Data Summary		1	
4. IP Meetings		3	
<b>Health and Safety</b>			
1. Medication		5	
2. Fire Drills		2	
3. Refrigerator		1	
<b>Staff Development</b>			
1. Staff Meetings		3	
2. Supervision		2	
3. Handover		1	
4. Professionalism		5	
5. Attendance and Punctuality		1	
<b>TOTALS</b>			
		PSR Score	<input type="text"/> %

Table 2 - Church Parade Periodic Service Review Score Sheet

## The Future

Now that the PSR at Church Parade has been in operation for a few months and significant improvements in quality have been achieved, a meeting with staff has been scheduled to discuss the standards set out with a view to altering some to make them harder to achieve and perhaps also adding some new standards in an attempt to continually push for a higher quality service for clients.

Once again staff will be involved in the discussion and will have the opportunity to express their views about the PSR system and make any suggestions they may have for alteration of the standards or the method of measurement.

Having successfully installed the PSR monitoring system at Church Parade, it is now planned to develop the tool for use in other services within the Learning Disability Service. The flexible nature of the PSR system means it is possible to adapt it for use in almost any context. We hope to introduce positive monitoring for the other residential unit in the Trust as well as for some aspects of the community service such as the Joint Behavioral Support Team and the Psychology Department.

### Reference

LaVigna, G.W., Willis, T.J., Shaull, J.F., Abedi, M., and Sweitzer, M. (1994) *The Periodic Service Review: A total quality assurance system for human services and education*. Baltimore: Paul Brookes Publishing Co.

### *Continued from page 1*

address the conflict between values and behavioral technology that seems to exist for some people. We plan to address head on the false dichotomy that we sometimes hear expressed that we can either take a values based approach on the one hand or we can take a *behavioral* approach on the other. We will begin with a definition of terms.

### **Definition of Terms**

**Values.** First, let's do away with the notion that there is such a thing as a valueless or a value free approach to providing services. Whatever we do in this field of ours is based on a set of values. Those values may be implicit.

We may not have stated them; we may not have considered them; we may not have debated them, but whatever we do is based on a set of values. What the values based movement has done that we think is very, very productive, is that it has brought these values up to an explicit level, where we can examine them, discuss them and debate them. To suggest, however, that one agency, or one person or one group has a values based approach and another does not, is to miss the point. The only question is, "what are the values that underlie the approach being taken?" So it is important for us to establish what we mean when we talk about values and what are we referring to when we talk about our values based approach.

Our values are based on *social role valorization*, which Wolfensberger (1983) defines as involving "...the enablement, establishment, enhancement, maintenance, and/or defense of valued social roles for people—by using, as much as possible, culturally valued means." For us, this has meant that the support we provide to people challenged with a development disability focuses on producing five very specific outcomes:

1. *Community presence and participation, in ways that are age appropriate and valued by society.* One of our areas of focus is community presence and participation. There is a qualifying clause, however, i.e., "...in ways that are age appropriate and valued by society." The value outcome isn't inclusion per se, but inclusion in ways that are age appropriate and valued by society. For example, we would think it's a great idea for a student to be in a regular classroom, even though she may have significant support needs, but only as long as her presence there was leading to her learning, her being included and interacting with other students, and the other students were also able to continue to learn and to grow and to benefit from that educational process. There would be some-

thing wrong if, by inclusion, she ended up being the focus of a lot of hatred and her learning and the other students' learning was somehow being impaired. Therefore, while inclusion, i.e., community presence and

---

*To suggest, however, that one agency, or one person or one group has a values based approach and another does not, is to miss the point.*

---

participation, is certainly one of our values, it is a qualified value. It must be in ways that are age appropriate and valued by society.

2. *Autonomy and self determination, through the exercise of increasingly informed choice.* A second area of focus for us is autonomy and self determination. However, this value is qualified as well, "...through the exercise of increasingly informed choice." Therefore, while we are saying choice is important, that autonomy and self determination are important, there is more to it. Specifically, our responsibility is to support a person in such a way, that choice and control are increasingly informed. We would be concerned if what we were doing created a situation in which the person made consistently bad choices, leading to harm or injury, or perhaps even to further devaluation and exclusion of the person, and to a poor quality of life. We believe that this is an important point, because one of the things that's happened is that choice is often being held up as the ultimate value. In contrast, our understanding of social role valorization is that there should be a balance between values. Choice, autonomy and self determination may be one set of values, but it may need to be balanced with others. This

need to strike a balance in the tension that may be created between values becomes apparent given the following area of focus.

3. *Continuous involvement in the ongoing process of becoming.* This may appear somewhat existential. We believe, however, that all people get dignity from a process of transcending, from a process of continu-

building, which employed behavioral techniques such as discrete trial teaching, shaping and systematic reinforcement, taught him to communicate without being self injurious and taught him to tolerate new activities to the point where he actually began to enjoy them and seek them out for their own sake.

Using behavioral technology, staff introduced him to a new activity, while respecting his autonomy in such a way that he is now making a more informed choice. As we think of all those things we enjoy in life, we realize that periods of introduction and initial learning were so hard that if we didn't have

"stick-to-itiveness," we never would have gotten to the point where we now enjoy that activity, or that game, or that process, or whatever. So there needs to be a process to get people involved up to the point where they can make more informed choices about what they want to do. This is an example of how a support team can strike a balance between choice and control and their responsibility to promote increasing independence and productivity and continuous involvement in the process of becoming, resulting in a richer quality of life.

4. *Increasing independence and productivity, to the point of economic self sufficiency.* This fourth area provides even more focus. It says that we value increasing independence and productivity. The qualifier here is "... to the point of economic self-sufficiency." So while it would truly be great to help a person get a real job with a real paycheck, we wouldn't leave it there or "rest on our laurels." We would say that until the person is economically self sufficient, i.e., no longer reliant on taxpayer support, then there is room for growth, room for transcending and becoming. We might ask ourselves,

suppose we are supporting someone who is choosing not to become independent, choosing not to go to work. Our challenge would be to strike a balance between the value of *choice and control* with this value of *increasing independence and productivity*.

5. *The opportunity to develop a full range of social relationships and friendships.* Our final area of focus is the opportunity to develop a full range of social relationships and friendships, and for us this would also include, up to and including marriage and having a family. This is something to which many of us aspire. Many of us believe our lives would be incomplete if we did not have this part. If we don't have it, we are often looking for it. We think this is a value that we share in common with many of the people we support.

These five areas of focus are the values that we refer to when we talk about our values based approach. They may or may not be your values, or anybody else's values. Nevertheless, these are the values that guide our work at IABA in our effort to help support people who have challenging behavior associated with their developmental disability. We would not suggest that an agency or group of people, do not have a values based approach. The question would be, what are their values? What is it they are trying to accomplish in their work with people? Having defined our values, we now turn to a definition of "behavioral technology."

**Behavioral Technology.** We define "behavioral technology as including strategies, techniques and procedures derived from the principles and procedures of applied behavior analysis and related fields. The hallmarks of this technology are:

1. *Explicit, operationalized procedures (i.e., process) designed to produce specified and measurable outcomes.*
2. *An accurate data base to evaluate the effectiveness of the procedures (process) in producing the specified outcomes.*

Given this definition, there are a number of behavioral procedures that we have seen rejected in the name of "values."

---

## *Our challenge would be to strike a balance between the value of choice and control with this value of increasing independence and productivity.*

---

ous growth and development. If a person's choice is to have a "status quo" life, it would almost define a form of death, not life. Our value is that life is a continuous process of growth, of learning and becoming, not just for the people we support, but for us as well. In other words, we are all a part of this human condition and these values apply to all of us. Accordingly, if a person we are supporting *chooses* to "opt out," our responsibility would be to attempt to establish a balance in the tension between values.

An example of how we might use behavioral technology to help establish this balance was fully described in an earlier article (LaVigna & Willis, 1995), with reference to a person whose self injurious behavior was instrumental in his efforts to escape demands to perform non-preferred activities. These activities were thought to be ones that he could potentially enjoy if he "...would only give them a chance." In fact, he opted out of so many activities that he was living a very limited life, with very little enjoyment. Positive programming, including functional communication training and tolerance

Perhaps most notable are formal schedules of reinforcement, which may be viewed as “contrived, stigmatizing, and controlling.” However, we have also seen systematic instruction, including data based, step-by-step approaches, such as discrete trial teaching and formal social skills training, systematic desensitization, and shaping, among other techniques and strategies, discounted and rejected. Further, this rejection of behavioral technology has not been limited to what might be viewed as sophisticated, “high” technology but has also included the rejection of what might be considered to be simple, “low” technology, such as the use of a daily schedule that lists hourly activities, which may be viewed as being *behavioral* and therefore overly structured and controlling.

## Thesis

What we are suggesting is that there may be a role for behavioral technology in certain situations. Specifically, these situations would be when we are supporting people whose behaviors or unrealized capacities can lead to devaluation by society and present a barrier to social role valorization. In these we would include those behaviors or unrealized capacities that produce risks for health and safety, those that limit opportunities, options and the quality of life, and those that lead directly to devaluation or exclusion. Where those are what we face, we think that there may be a role for behavioral technology. Our thesis is that *behavioral technology can be harnessed to enable a person to achieve a better quality of life and to reject technology may lead to continued vulnerability and new wounding.*

## Severe and challenging behavior: The apparent conflict between values and technology

### Origins of Conflict

In the field of severe and challenging behavior, there is an apparent conflict between values and the use of behavioral technology. We believe there are a num-

ber of reasons for this.

**Research/Program/Behavior Focus vs. Person Focus.** For one thing, behavioral technology in this field has often had a research, program, or behavior focus rather than a person focus. With all of the research we have read over the years, and all of the graphs we have looked at which show results, most of those graphs show reductions in behavior and make conclusions about different procedures and the effects of those procedures on behavior. If you consider this research, there aren’t too many graphs showing increases in happiness, increases in access, increases in opportunity, or other measures of quality of life outcomes. Given that research in the use of behavioral technology has traditionally been focused on behavior change per se and not on quality of life outcomes, i.e., that it has had a behavior focus not a person focus, helps explain why behavior technology is seen to be in conflict with values.

**Virtually Exclusive Focus on Rapid Control of Behavior vs. a Broad Spectrum of Outcomes, Including Quality of Life and Others.** The second reason for this apparent conflict is that with behavioral technology, there has been virtually an exclusive focus on the rapid control of behavior as opposed to a broader spectrum of desired outcomes. A broad spectrum of desired outcomes would include rapid control over a challenging behavior, but it would also include durability, generalization, minimizing possible negative

side affects, social validity and clinical/educational validity, i.e., quality of life outcomes. There is acknowledgment in the field of applied behavior analysis as it applies to severe and challenging behavior that behavioral technology should be addressing this broad range of outcomes

(Favell, et al., 1982). In the final analysis, however, the research that has been carried out, has primarily been focused on rapid control. There is only minimal research that shows the effects of behavioral technology on the other desired outcomes. Again, it may be understandable that behavioral technology is rejected if this is the way it is viewed.

**Reliance on Aversive Control.** Further, although the trend may now be changing, when it comes to severe and challenging behavior, there has been an almost total reliance on aversive control and the use of punishment. In fact, when you mention behavior modification to lay people, they don’t think of positive reinforcement, they think of punishment. They think of shock, they think of time out, they think of the punishment technology, and that is largely because this is what the field has relied on in the past for dealing with severe and challenging behavior.

We believe these are some of the reasons behind the rejection of behavioral technology. There are, however, other reasons.

**Misunderstanding of Social Role Valorization.** For one thing, there has been a misunderstanding of social role valorization among some people. That is, some people mistakenly think that there is something inherent in social role

---

***Our thesis is that behavioral technology can be harnessed to enable a person to achieve a better quality of life and to reject technology may lead to continued vulnerability and new wounding.***

---

valorization that requires the rejection of behavioral technology. Our understanding of social role valorization is quite different. We believe there is nothing inherent in social role valorization that requires the rejection of behavioral technology. Rather, the question is how, and

toward what end, is behavioral technology being used? This is the issue for social role valorization, not whether behavioral technology is being used per se.

**Concern for Isolated Values vs. an Interrelated Mix of Values.** Further, as behavior analysts have tended to focus on

of social role valorization to the level of political correctness. When this happens, people do not ask the important questions of why and how the behavioral technique is being used. The minute they hear the technical term, they are turning away from it. Nothing produces this kind of turn-off reaction more than saying you use schedules of reinforcement. The use of formal schedules of reinforcement has been rendered politically incorrect. Rather than asking why and how the schedule is being used, it seems that simply by virtue of the fact that you are using it is enough for some people to say that you obviously do not subscribe to the values

of social role valorization. This is especially true for a schedule that, heaven forbid, provides reinforcement for *not* exhibiting the targeted behavior, rather than providing reinforcement for desirable behavior. “*Oh! How can you use such dehumanizing schedules?*”

Suppose you were working with an adult man who is very sensitive to criticism and when he is criticized or even when he perceives something to be critical, he becomes upset and breaks windows and other objects. You know that it would be very good for him, in terms of his sense of self-esteem, in terms of his ability to support himself, in terms of his being valued by those around him, for him to have a real job. Further suppose that you have the opportunity to find him a real job, for example, working in a dental office filing patient records. You know the problem is, however, that if he misfiles something and somebody has to correct him or if he perceives somebody is being critical to him, he might very well break windows, furniture, and knock over file cabinets, because this is the kind of thing he has done in the past when he has been criticized.

We know that in the long run, what we need to do is to teach this fellow how to take the kind of criticism he is likely to get from the real world, because the real world can be critical, without overreacting in this destructive way. This, how-

ever, may take six months, nine months; who knows, it may take a year or more to teach him how to cope with real world criticism. What can we do in the meanwhile? Does this mean he can't get a real job until then? Alternatively, should we encourage him to take the job, even though we feel certain it will end in failure, and count on this “natural consequence” to teach him a better way to respond to criticism, even though it is obvious that such natural consequences in the past have failed to do so and that they have resulted in an unending trail of failure, exclusion and devaluation in their wake?

We would suggest that in such circumstances, it would be to his benefit, it would impact his quality of life in a very positive way, it would be very consistent with our values, to provide him with a temporary *behavioral prosthesis* — a schedule of reinforcement that says, “...hey, if you can get through a day at the dental office without overreacting to criticism by breaking furniture and other things, then we could stop for a beer on the way home each day to celebrate your success, your ability to control yourself in an adult fashion.”

Eventually, we want him to be able to respond to respond to criticism in an adult and socially acceptable way, without any artificial supports. Initially, however, a behavioral technique may be needed as a prosthetic, i.e., an artificial support. If we were working with someone with a physical disability, needing a wheel chair to achieve independent mobility in the community, we would support that. In fact, we would say to society, “...you've got to provide ramps, you've got to provide railings, you've got to make sure that your doorways are wide enough for him to get through.” If society says to us, “...this is artificial. This is not a natural way of getting from place to place. A wheelchair is contrived, and we find it uncomfortable to be around people with wheelchairs,” we would say to society, “...sorry, he has a right to access. You have to learn to tolerate this. This person uses his prosthesis so that he can be out there, so that he can enjoy all of the things that other people enjoy. He deserves that access and you are going to have to live with his prosthesis, negative and stigma-

---

## *We believe there is nothing inherent in social role valorization that requires the rejection of behavioral technology.*

---

one narrow outcome, rapid control, to the exclusion of other desired outcomes, some people who say they are promoting the approach advocated by social role valorization have focused on one value to the exclusion of others, namely, the value of choice, autonomy and self determination. It even seems in some cases that choice has been risen to the alter of worship. People have not always taken responsibility for the other values posited by social role valorization. It is an analogous problem, with some behavior analysts focusing on rapid control and not taking responsibility for the other outcomes and some social role valorization advocates, not really understanding the fundamental principles involved, focusing on choice to the exclusion of becoming, and learning and independence and social and community integration and so forth. This focus on one value to the exclusion of others is another reason for this apparent conflict, since behavioral technology may not be needed if one simply acquiesces to the person's desires, especially if the preference is to be uninvolved and to opt out of the process of becoming. In contrast, behavioral technology may be necessary if the need is to actualize the other values and/or to establish a balance between values.

**Diminishment of Values to the Level of Political Correctness.** Another phenomenon we have seen is a diminishment

tizing though it may be to you.” Well, those are the criticisms that are made about schedules of reinforcement (and other behavioral techniques): they are artificial, they are contrived, they attract negative attention. They can be designed to minimize those qualities to be sure, but in the final analysis, we think you have to say they are still artificial, contrived and possibly attract negative attention.

Is that a reason to dismiss them? We wouldn't throw out a wheelchair for that reason. Why would we throw out schedules of reinforcement for that reason? A person with a behavioral challenge has as much need for that behavioral prosthesis as a person with a physical challenge has a need for the physical prosthesis. It's about time people stood up for this devalued minority, people with challenging behavior, people who are dismissed if they need a behavioral prosthesis to be successful in society.

**Philosophy vs. Process.** One last point on the origins of the apparent conflict between values and behavioral technology. By definition, behavioral technology takes responsibility for explicitly defining its process. When you operationalize a values based approach into a set of procedural steps, it never sounds as nice as the philosophical statement. We believe that this is yet another reason why behavioral technology is seen as being in conflict with social role valorization. What we would suggest is that by taking responsibility for operationalizing our process, i.e., defining our process, we are better able to reach the goals of our philosophy and actualize our values than if we just leave what we do at a generic statement of philosophy and values. Translating values into operationalized process appears to diminish the quality of the values, but in fact empowers us to better actualize those values.

### ***Toward a Subordinate and Supporting Technology That is Person Centered***

The previous paragraphs discussed severe and challenging behavior and the *apparent* conflict between technology and values as we defined those terms. We now move toward a discussion of behav-

ioral technology that is person centered, a technology that is subordinate to and supportive of our values (LaVigna & Willis, 1995). This is a technology that is not only employed to reduce behavior problems, but is also employed, with equal emphasis, to help people have the best quality of life possible. Those of you who are familiar with our seminars on positive approaches to severe and challenging behavior and those who have read the previous issues of our newsletter and other publications will recognize a lot of this material. Because this information is so widely available, we will just touch upon it in outline form.

**Assessment.** If we want a behavioral technology that is in support of people, in support of values, then it needs to begin in the assessment phase. This is where we begin our focus on the person and try to understand the meaning of the behavior for them (Willis & LaVigna, 1996a; 1996b), try to understand the person themselves and how their life experiences have brought them to their current circumstances. As part of the supporting living services we provide in California, that process of understanding the person does not begin with a formal behavioral assessment and functional analysis. It begins with a profiling and positive futures planning process through which we work with the person, their family and the other significant people in their lives to try and understand where the person has been, what they have experienced, what it has meant for them, what works for them, and what doesn't work for them. From that, we try to understand, from the person's point of view, what their goals and aspirations are for the future. Sometimes that futures planning process, which is very powerful, is so useful, that even though the person may have been referred to us because of severe and challenging behavior, it is not necessary to do a behavioral assessment and functional analysis — problems are resolved. This is accom-

plished when we get fully oriented as to what that person needs and when these needs can be met, even if doing so requires that we must break out of the box and become more creative in our service provision.

Once in a while, however, the complexity of the situation, the difficulty of arranging the ideal circumstances are such that we need to do something further, and this is when we would carry out a formal behavioral assessment and functional analysis. We consider this process as a continuation of our focus on the person, since it is focused on understanding the meaning of the behavior for the person. The whole assessment process, starting with understanding the referral problems and continuing with the gathering of background information, performing a mediator analysis, motivational analysis, ecological analysis, and a full functional analysis of the behavior, is one of focus-

---

***A person with a behavioral challenge has as much need for that behavioral prosthesis as a person with a physical challenge has a need for the physical prosthesis.***

---

ing in on the critical question: *what does this behavior mean for the person?* A support plan is based on an understanding of meaning. This approach gives us an opportunity to develop a support plan that is in support of that person and that person's goals.

**Support Plans.** We explicitly design our support plans to include four major strategic components (LaVigna & Willis, 1995). We believe that this allows us to use behavioral technology in such a way as to be person centered, and in support of the values we talked about earlier.

**Quality of life as process vs. outcome.** First and foremost, we look at quality of life as process. Even as we would hold

that the desired outcome of what we do is to improve the person's quality of life, we recognize that quite separately, improving the person's quality of life can be a critical process strategy in resolving challenging behavior. When we talk about *ecological manipulations*, when we talk about changes in the environment, we are talking about making those changes to improve their quality of life, in both the short and long run. People who have a good quality of life, are not as likely to exhibit severe and challenging behavior as people who do not have a good quality of life. The characteristics of the physical environment, the people who interact with the person, the way they interact, the amount of choice and control the person has, the kinds of activities that are available on a daily basis, etc., may be very important things to change in order to produce the broad range of outcomes that are the focus of our approach. Therefore, the first element of our multielement support plan, would be changes in the person's quality of life.

There may, however, be some limitation and constraints in fully implementing this strategy. For one thing, there may be some financial constraints. What a person is asking for, what a person needs, may require more money than is immediately available, or even potentially available. Further, even when you know the changes you need to make, there may be unavoidable delays due to time and effort. Further, sometimes what a person wants requires the cooperation of other people and that cooperation is not forthcoming. The person desperately wants to have, for example, an intimate relationship with a particular other person, and that simply is not going to happen. These are the kinds of limitations we all face, but they are examples of how the ecological approach, the environmental approach, the quality of life approach may not be sufficient to resolve problems. You can't always work those things out.

*Instruction.* The second component that we would include in a person centered support plan would be systematic

instruction, i.e., *positive programming* (LaVigna, Willis & Donnellan, 1989). We believe there are four categories of critical skills that people may need to learn. These include:

- *General Skills* - Functional, age appropriate skills in the domestic, community, recreational, and vocational

---

*People who have a good quality of life, are not as likely to exhibit severe and challenging behavior as people who do not have a good quality of life.*

---

domains. While these would include useful skills such as bathing and street safety, we believe that instruction in this area should emphasize skills that would serve the primary purpose of being fun for the person, such as learning to cook a favorite food or learning to use the CD player to play a favorite CD independently, i.e., without staff presence or participation. That is, we recommend that we put the "FUN" back into "FUNctional."

- *Functionally Equivalent Skills* - New skills that serve the same function for the person as is being served by the challenging behavior. Examples of these are teaching the person how to use a sign, picture book or other communication system to communicate critical messages such as protest, confusion, or the desire for something. Equivalent skill training may also involve teaching the person to *independently* satisfy their own needs, such as would be the case when teaching a person to access the refrigerator to get a snack, independent of staff presence or participation, as opposed to teaching a person to "communicate" their hunger or otherwise asking another person for something to eat.

- *Functionally Related Skills* - New skills that are related to the function served by the challenging behavior. This might include teaching the person how to discriminate more finely, for example, between criticism on the one hand and helpful suggestions or feedback on the other, how to make choices, how to use a schedule to predict what is going to happen, when and where to engage in certain behaviors, etc.

- *Coping and Tolerance Skills* - Perhaps the most overlooked, and yet the most critical set of related skills that may be necessary to produce the kinds of outcomes we want, is to actively and systematically teach people how to cope with and tolerate real world aversive events. The real world out there is a cold, cruel, punishing world.

Let us just mention some real world aversive events that we all have to learn to cope with and tolerate. *Delayed gratification* — not any of us gets what we want whenever we want it. We have all had to learn how to cope with and tolerate delay. *Denial* — that is, learning we can't have something we want. *Frustration, failure, criticism, teasing, physical discomfort!* This is a big one: tolerance for the performance of non-preferred tasks. How many of us enjoy cleaning out the toilet bowl? How many of us do clean out the toilet bowl? What we are suggesting is that we do not go through life just doing the things we enjoy doing. All of us have had to learn to tolerate the performance of non-preferred tasks.

When you think of these real world aversive events, there is an irony. If we are successful in helping our people live a real life, we have guaranteed that they are going to have to deal with a lot of bad stuff out there. In fact, the more successful we are in helping to liberate them from the protected, segregated, isolated lives so many of them have led, the greater the exposure. Real life guarantees that they are going to experience the rejections, delays, failures, criticisms,

the need to perform non-preferred tasks, etc. that the rest of us have to deal with day in and day out.

When we carry out a behavioral assessment and functional analysis, we find that such naturally occurring aversive events those are often the antecedents to severe and challenging behavior. We may have, and we do have, nonaversive strategies for getting rapid control over problem behavior. The real task though, is to teach people how to cope with and tolerate these naturally occurring aversive events so that those improvements can be lasting; so people can go out there with a tough enough skin to deal with a real life. While there may be a lot of good stuff that happens in real life, there are some rough spots as well. The fabric of real life includes some golden threads and some frayed edges. We want people to be able to enjoy the golden threads of life even while they are able to deal with the frayed edges around life.

There are some issues regarding positive programming that bear directly on the use of behavioral technology in support of values. The first of these is that learning a new skill is itself an activity that may take a lot of effort and accordingly may lead a person to opt out. For example, what should be our response when we are working with a person whose lack of social skills and his ways of interacting with other people have consistently led them to reject him. We may know that a well designed social skills training program would enhance his ability to establish and maintain relationships and reduce his loneliness, yet he refuses to participate. Should we acquiesce to his choice not to participate in the name of autonomy and self determination or should we use behavioral technology, e.g., by offering an incentive for his participation (i.e., use a formal schedule of reinforcement) or “shape” his par-

ticipation using the “method of successive approximations?” We would suggest that behavioral technology can and should be used in support of our values in this kind of situation. Eventually, we might even aim our technology toward helping the person to learn how to enjoy learning

---

*The real task though, is to teach people how to cope with and tolerate these naturally occurring aversive events...*

---

and to seek out new learning experiences on his own initiative.

In any case, we believe that our responsibility is to employ behavioral technology to establish a balance in the tension created between values and not just to honor one to the exclusion of the others. This is not to say that we wouldn't employ incidental teaching, modeling or other “low technology” instructional strategies, but rather to recognize that in any given case, they may not be sufficient to achieve our valued outcomes. While it may make sense to employ the least technical strategy necessary to achieve the instructional objectives, it must be sufficient to meet those ends.

*Prosthetic Support.* It may take a long period of time to give people a better quality of life, considering the possible delays and limitations you may have. It may also take a long period of time to teach people some of the things they need to know to be successful and effective in facing the real world. For these reason, we also include *focused* strategies in our multielement support plans for the narrow but important role of giving the person rapid control over the challenging behavior that puts them or others at risk. We call this *prosthetic* support since it may only be necessary until the person's quality of life has improved and until

certain critical skills have been learned.

One of the arguments in the support of punishment is that punishment can produce rapid effects, even while being acknowledged that it may not accomplish other desired goals. But the irony is that punishment is by definition an “after the fact” procedure. The minute you say you need to solve problems with punishment, you are resigning yourself to the fact that the behavior will occur. If you have a very dangerous behavior, the last thing you want is a set of strategies which depend on the occurrence of the behavior in order to use them.

Fortunately, the principles of applied behavior analysis and research in the field have revealed two nonaversive strategies, which by their nature, are potentially superior to punishment in producing rapid effects. One is *antecedent control*. If you can identify those antecedents associated with a problem behavior and avoid those antecedents, you could preclude the problem from occurring. We say that antecedent control is potentially superior to punishment in producing rapid effects, since punishment is an “after the fact” procedure while antecedent control may preclude the occurrence of challenging behavior.

For example, if you are working with a student who “acts up” whenever he is asked to do math, one way to avoid that problem in the classroom would be to not ask him to do math. Antecedent control can provide a rapid, prosthetic reduction of the challenging behavior, clearing the way for us to teach the student coping strategies and to *gradually* involve him in our math curriculum. Our responsibility is that by the time he leaves school, he should know how to add, subtract, multiply or whatever else the curriculum requires. Sometimes we may need to lose the battle in order to win the war. Sometimes a short-term retreat gives us a very strategic advantage for producing the ultimate outcomes we are trying to produce.

A second behavioral technique that can produce rapid effects, *precluding* the occurrence of the problem behavior, is referred to as stimulus satiation. This in-

This example involves a 14 year old girl. The problem was that she was engaging in what was called “screaming tantrums.” This included her yelling very loudly while she scratched her face with a downward raking of her hands. Although she had been in the school program for 18 months, she was still engaging in this behavior an average of 45 minutes a day. On bad days, it was occurring as long as 80 minutes a day. This behavior was injurious to the student and very disruptive for the entire classroom. As part of an IABA practicum assignment, her teacher was asked to do an assessment and to develop a multielement support plan.

Based on her assessment, the teacher developed a very good proactive plan. For example, she planned to change the curriculum to be more inherently interesting to the student. She reorganized the educational areas so they would be less distracting in terms of the external or extraneous stimuli. In terms of positive programming, she proposed teaching the student a relaxation response so she could learn to cope with stressful situations. She also proposed teaching her how to use a communication board. This was so she could point to a picture to get access to the girl’s room; point to a picture of a water fountain to get a drink of water; point to a magazine to look at one; point to the play room to take a break from class activity; etc. Further, in terms of prosthetic support, the teacher proposed a schedule of reinforcement in which she would provide reinforcement for the student being able to go longer and longer periods of time without exhibiting the target behavior.

Then the question came up, “...what do we do when she starts screaming and scratching?” What the staff wanted to do was to continue to use the “corner time out” procedure that they had been using. They acknowledged that this had not been a particularly effective strategy, even for prosthetic support, since after 18 months of “treatment” she still exhibited the problem behavior at a significant level. They said, however, “...when she starts screaming and scratching, we have to do something.” We agreed. We suggested that they go back to their assessment information to see if they could identify at least one activity which had especially compelling qualities for the student, one strong

enough to interrupt almost anything that she was doing. We also suggested that for the moment they not worry about the possible reinforcement value of the potentially distracting activity. After some thought, they said, “...well, we know this about her. She appears to have this need. When you hand her a magazine, it seems she must open it up and take the staples out. Doing this is something she seems compelled to do.” Accordingly, we recommended that when a “tantrum” began, or even when it seemed about to begin, that they should hand her a magazine as quickly as possible. We predicted that this procedure should interrupt the tantrum.

The concern with this advice in traditional, single element terms, would be that by handing her a magazine, we would be reinforcing the tantrum. The multielement rationale, however, is that we have enough strength in our proactive plans that we can compensate for and overcome the potential counter therapeutic effects of this reactive strategy. We can overcome the potential for that reactive strategy to reinforce and strengthen the problem behavior. Further, other elements of our proactive plan would eventually get us to the point where we wouldn’t need any reactive strategies, because she would have learned better ways of dealing with her environment — for example, through the relaxation response.

That is multielement theory. Here is what actually happened. Immediately, not gradually, she was engaging in the target behavior less than five minutes a day. Another immediate effect was spending more and more time in productive, instructional activity. Time on task was an important side effect for us to track. If the cost of this strategy was that she was spending more and more with magazines, and less and less time in educational activities, we would question whether the price was worth it. The gradual effect was that she engaged in this behavior less and less times. Further, it has now actually been more than 2 years since she has engaged in any tantrum behavior. This multielement plan produced the desired short term effects and long term effects. It included a reactive strategy that was nonaversive and very effective in establishing rapid control without producing a counter therapeutic effect.

volves noncontingent availability of the reinforcer which is maintaining the problem behavior. The idea is that if the person has free access to the reinforcer, or greater than desired access to the reinforcer, then there is no reason for the problem behavior to occur.

For example, if a person’s challenging behavior is reinforced by the attention it receives from staff, immediate control may be established by assigning one-to-one support staff. Then, to avoid indefinite dependency, we can use positive programming, i.e., our instructional strategies, to teach the person how to tolerate and cope with more normalized patterns of interaction.

Other nonaversive behavioral techniques may also be used to produce rapid, albeit prosthetic effects (LaVigna, and Donnellan, 1986). These include schedules of reinforcement such as the Differential Reinforcement of Other Behavior (DRO) and the Differential Reinforcement of Low Rates of Responding (DRL). (While the Differential Reinforcement of Alternative [i.e., desirable] Responses [Alt-R] is commonly used as a focused support strategy, there are a variety of technical reasons why this strategy may not produce rapid effects.) Such focused support strategies may not be necessary, if simple to arrange ecological changes themselves produce rapid changes. They may be necessary, however, if the ecological changes are elusive, if they are made for reasons of long-term goals as opposed for the purpose of producing immediate effects, or if critical skills, e.g., coping and tolerance, have not yet been mastered. We think that to reject this technology in the name of values is to misunderstand how it can be used in a multielement support plan in support of values and may put people at risk for further exclusion and devaluation due to the continuation of their challenging behavior. Further, the rejection of this technology may unnecessarily increase the need for reactive strategies.

*Reactive Strategies.* Our work at the Institute for Applied Behavior Analysis, and our excitement about nonaversive approaches comes from a lot of experience in which we have seen that punishment simply is not necessary. For that

Table 1 - An Example of Reactive Strategies Within a Multielement Context

reason, we do not include punishment in our support plans. This creates an interesting situation. By not including punishment, we have created a vacuum and a need for one more component in our multielement plans. Improving a person's quality of life, instruction, and prosthetic support are proactive strategies and are included to produce a future effect. What, however, do we do when a problem behavior occurs? What should we do in the here and now for situational management? This is the role that we reserve for our reactive strategies. Within our multielement model, a reactive strategy is defined as *a procedure that is employed to establish rapid and safe control of an episode in which a person's behavior is putting someone at risk or for other reasons requires timely resolution.*

What we are trying to accomplish with our reactive strategies is to control as rapidly and as safely as possible, dangerous and escalating situations and, possibly, unduly disruptive situations. It is not the reactive mode in which we try to teach the person a better way of responding. That comes under the heading of instructional strategies or positive programming. Reactive strategies have a very narrow role. In our multielement approach, they are liberated from the responsibility of producing a future effect. All we ask of a reactive strategy is that it swiftly and safely control the situation. Our proactive strategies address the future.

We received a surprising bonus in developing the multielement model. We discovered that within the context of a well developed and comprehensive

proactive plan, it is possible to use as reactive strategies certain procedures which give us a very efficient, effective, rapid way of gaining control over a problem situation, even though outside of that context they might produce a counter therapeutic effect. Table 1 provides an example of this.

A number of aspects bear emphasis in this example. First, the quicker the better. We would not want to risk providing reinforcement for an extreme tantrum. Secondly, a picture of a magazine on her communication board gave her the ability to ask for a magazine when she wanted to. In other words, her access to magazines was not limited to her exhibition of tantrum behavior. She had independent, noncontingent access. In addition to her communication board, a short stack of magazines were kept in the play room. In other words, a safety valve was built into this particular multielement plan which reduced the likelihood that a counter therapeutic effect would occur.

We think these kinds of approaches give us a way of supporting people in a way that helps them achieve the kinds of valued outcomes that we talked about earlier. Getting rapid control in an emergency situation by diverting a person to a potentially reinforcing activity has both an intuitive element and a counterintuitive element. Intuitively, we understand how such distraction may gain rapid control, even in an emergency situation. What goes against our intuition is that we can do so without reinforcing and strengthening the problem behavior and without creating a counter therapeutic effect. We

discuss this and the use of other counterintuitive strategies for emergency management within a nonaversive multielement framework in a forthcoming publication (Willis and LaVigna, in press).

In that monograph, we also discuss the difficulty of establishing the social validity of reactive strategies within a nonaversive

framework and the importance of addressing the emotional needs of staff and parents. This challenge comes into sharp focus when the topic of "natural consequences" is raised. We have noticed a tendency among those who have rejected behavioral technology to rely on natural consequences as a way of reacting to challenging behavior. The rationale has been twofold. Firstly, it is argued that it is dignifying for and valuing of a person with a developmental disability to experience the same consequences for their behavior as would be experienced by a person who is not challenged with a disability. Secondly, as the rest of the population learns from experiencing natural consequences, so would a person with a disability. Accordingly, relying on natural consequences would preclude the need to use any formal behavioral/instructional technology.

While natural consequences may often be aversive, our argument against the use of natural consequences as a major strategy within a values based approach are:

1. People with challenging behavior have demonstrated through their history, typically going back to their early childhood, that they often have not been able to learn from natural consequences. To rely on natural consequences as a primary method of socialization is to restart the downward cycle of experiences that have contributed to their current reputations.
2. Natural consequences may themselves lead to further exclusion and devaluation and to that extent represent a direct conflict with our values. Examples of this might be getting fired from a job, going to jail or being hospitalized in a psychiatric facility as a consequence of one's behavior.
3. To the extent that they are aversive, natural consequences may escalate the situation. This conflicts with the role of a reactive strategy in our multielement model, which is to establish the most rapid and safest control possible.

With these concerns in mind, we recommend caution in incorporating natural consequences in a support plan.

**A Comparison of a Multielement Outline Using Person Centered Terms vs. Technical Terms**

Person Centered Terms	Technical Terms
Support Plan .....	Intervention Plan
Quality of Life Improvements.....	Ecological Manipulations
Instruction .....	Positive Programming
Focused Support .....	Direct Treatment
Situational Management .....	Reactive Strategies

Table 2 - A Comparison of a Multielement Outline Using Person Centered Terms vs. Technical Terms

## Language

In the preceding paragraphs, we have described a nonaversive, multielement model for using behavioral technology in support of values. While we argue in support of formal behavioral technology to maximize our valued outcomes, it is important to recognize that the very language one uses to describe behavioral techniques can lead to their rejection. “Technical jargon” is a real turn-off for a lot of people, both for the consumers of behavioral services and for some of the staff who provide those services. Accordingly, it is important for the practitioner to use the language most suitable to the audience being addressed. Technical language may be the most efficient way of communicating meaning and nuance to a professional audience, but “person centered” language or translation to everyday terms may be important when communicating with consumers or staff. For example, a professional audience might thoroughly appreciate a detailed description of the technical requirements which must be met in order to use *Differential Reinforcement of Other Behavior* effectively to establish rapid control over challenging behavior. Such details and the language used to communicate them, however, might lead a consumer or the consumer’s support staff to reject or not cooperate with the use of such a technique. In contrast, consumers and staff might be quite accepting of *Guidelines for Providing Praise and Encouragement*, which may in fact incorporate all of the technical requirements in lay terms.

Table 2 juxtaposes what we would characterize as language that is user friendly and person centered with more technical terms in outlining a multielement support plan.

## Collaboration and Consent

Finally, we have an obligation to obtain the consent and collaboration of the people with whom we work. Our role should be one of supporting a person to achieve her or his own goals and aspirations, as we would have identified and understood them as part of our assessment and planning process. We should be explicitly clear with our consumers about these goals and objectives and the methods we propose using. It is funda-

mental to a values based approach to obtain the consumers collaboration and consent for both the goals and objectives and the methods. The use of behavioral technology in support of values does not diminish this responsibility, even when using exclusively nonaversive procedures.

However, acceptable procedures for obtaining and documenting collaboration and consent in developing even a person centered plan are not very well developed in the field, in our opinion. This is particularly true for those people who have communication difficulties. We believe that parents and staff, with good intentions, are making decisions based on what they believe the person should want. We lack the methodology for giving us a better understanding of what a person does want. Developing a better methodology for obtaining collaboration and consent is an important area for future research.

## Summary and Conclusion

Our quest here was not just to reconcile behavioral technology with values, but to show how behavioral technology can be used in support of values. We conclude this article with our recommended guidelines for assuring that behavioral technology is used in a way that is subordinate to and supportive of our values and a person centered approach.

### Focus on Quality of Life as Primary Process Strategy

There should be a focus on quality of life as a primary process strategy. Our first responsibility should be to help people have a better quality of life. Improving a person’s quality of life should be considered equally as both a process strategy and as an *outcome* goal.

### Use Natural Supports When Not in Conflict With Values

Use and promote the use of natural supports when those are not in conflict with our values, i.e., when natural support and natural consequences don’t, in themselves, lead to further exclusion and devaluation.

### Use Technology When Necessary

We should use behavioral technology

when it is necessary or helpful in actualizing our values and in helping the person have a better quality of life.

### Do Not Use Aversive Procedures

Do not use aversive strategies. They are not necessary and they are in conflict with our values and with social role valorization.

### Seek Balance Between Values

A balance in the inherent tension between values should be established as opposed to just focusing on one value.

### Address Broad Spectrum of Outcome

When we use behavioral technology, we should take responsibility for equally addressing the broad spectrum of outcomes and not just limit our concerns on the rapid control on behavior. Our primary focus is, and should remain, on quality of life outcomes. This is where values and behavioral technology intersect — the goal of producing an improved quality of life for people.

### Maintain a Focus on the Person and Use Corresponding Language

We recommend and suggest that it is important to maintain a focus on the person and to use corresponding person centered language when justified by the audience being addressed.

### Collaborate and Obtain Consent

Finally, it is our responsibility to obtain the collaboration and the consent of the person with whom we are working and, where appropriate, their families.

#### References

- Favell, J.E. (Chairperson), Azrin, N.H., Baumeister, A.A., Carr, E.G., Dorsey M.F., Forehand, R., Foxx, R.M., Lovaas, O.I., Rincover, A., Rislley, T.R., Romanczyk, R.G., Russo, D.C., Schroeder, S.R., & Solnick, J.V. (1982). The treatment of self-injurious behavior (Monograph). *Behavior Therapy, 13*, 529-554.
- LaVigna, G.W., & Donnellan, A.M. (1986). *Alternatives to punishment: Solving behavior problems with nonaversive strategies*. New York, NY: Irvington Publishers.
- LaVigna, G.W., & Willis, T.J. (1995). Challenging behavior: A model for breaking the barriers to social and community integration. *Positive Practices, 1(1)*, 1, 8-15.
- LaVigna, G.W., Willis, T.J., & Donnellan, A.M. (1989). The role of positive programming in behavioral treatment. In E. Cipani (Ed.), *Behavioral Approaches to the Treatment of Operant Behavior*. AAMD Monograph series, American Association on Mental Deficiency.
- Willis, T.J. & LaVigna, G.W., (1996a). Behavioral assessment: An overview *Positive Practices, 1(2)*, 1, 8-15.
- Willis, T.J. & LaVigna, G.W., (1996b). Behavioral assessment: An overview part 2 *Positive Practices, 1(3)*, 1, 11-19.
- Willis, T.J., & LaVigna, G.W. (in press). *Challenging behavior: Emergency management and reactive strategies within a nonaversive framework*. Los Angeles: Institute for Applied Behavior Analysis.
- Wolfensberger, W. (1983). Social role valorization: A proposed new term for the principle of normalization. *Mental Retardation, 21*, 234-239.

## Definition of a Problem Behavior

*Editor's Note: Some of you have written in to ask that we include in our examples, references to students who are considered to have a severe emotional disturbance and/or a conduct disorder. This issue's "Definition" column responds to this by providing a definition for a problem that was labeled Defiance in one of our recent reports. Fran was a 15-year-old girl who was living in a group home while attending a public school. Her parents were still very much involved in her life and were able to provide ample descriptive information of her challenges as they had unfolded over the years. In addition to her running away, during which episodes she would often engage in substance abuse and promiscuous sex, and self injury, which led to psychiatric hospitalization on more than one occasion, one area of concern they identified had to do with how their daughter responding to and treated them, her teachers and other authority figures. Such behaviors often elude good, operational definition. We hope you find this example helpful. You may also want to note that our recommended observation and data collection for this problem did not attempt to capture every occurrence of Defiance but rather was designed to track a limited number of representatives from that response class, in order to provide an indicator measure of progress, or lack thereof. If you have definitions of challenging behavior that you feel would be helpful to others, please send them in. We would like to include them in future issues.*

## Description of Behavior and Operational Definition of Defiance

A. *Topography.* Defiance involves several distinct topographies, including oppositional behavior and violation of established rules of conduct in the setting.

**Oppositional Behavior** - This category of behavior is defined as the failure to follow a reasonable request within a specified or reasonable period of time, and/or verbalizations that indicate that Fran will not or has no intention of doing what has been asked. Examples of this category of behavior as described by the informants include the following:

- Using the phone when she has been told that she is not to use the phone.
- Taking the phone away from a person after they have prohibited her from using the phone.
- After being told to remove a nose ring, she puts the ring back in some time later.
- Saying such things as "I won't do it, and you can't make me." "I don't care and I am not going to do it."

- Not completing or doing classroom or homework assignments.
- While not doing what has been asked (such as asking her to turn off the TV) she will say things such as "Leave me alone." "I'm busy now, don't bother me."
- Saying "I'll do it later."

Opposition may be *passive* in that Fran simply does not do what has been asked, or it can be *active* in that she tells those around that "she won't." At the same time, she may use profanity and become verbally abusive as she is oppositional.

**Violation of Established Rules** - In the settings where Fran lives and learns, there are clear, well established, written rules regarding conduct. For example, at her group home there are rules regarding loudness, presence in the staff bedroom, use of independent time, reading the mail of others, contacts with incarcerated individuals or people from other group homes, school absences, homework, giving out phone numbers, visitors, eating and drinking others' food, room searches, walks,

smoking, use of over counter drugs, phone use, room cleanliness and chores, position in the car, and allowances. In addition, the school has a number of established rules of conduct at the school and for the classroom (e.g., chewing gum and being in the wrong area) Defiance, in this context, is defined as the failure to follow or violation of these established rules.

B. *Cycle:*

**Oppositional Behavior** - Opposition, as it is used here, is considered to have occurred when Fran fails to initiate the requested activity within the specified time limits or within a reasonable time period, or when she does something that she has been requested not to do. An event would also be considered to have occurred upon the first verbalization that indicates that Fran is not going to do what has been asked or otherwise intends to disregard the request.

**Violation of Established Rules** - A rule violation begins at the initiation of each transgression. An episode of rule violation is said to have ended when the transgression has ceased for a minimum of five minutes.

C. *Course of the Behavior:* According to Fran's teacher, she can usually tell that something is wrong and that Fran is likely to have difficulties with rules and directions. She may appear anxious, show signs that she is agitated, or may appear ill. Fran's parents described that they have a good idea that it is going to be a "bad day" when Fran appears tired and grumpy, when she has a generally unhappy demeanor, and when she is not smiling. Additionally, in interactions with her, her answers to questions may be short, curt or she may simply be unresponsive. She may show irritability in her voice and may give the impression of impatience.

D. *Strength of The Behavior:* Unfortunately, the methods of data collection across settings differ greatly and probably are not very accurate. According to Carol Harris, she estimated that prior to 4/6/96 Fran manifested some form of defiance 4 to 12

times per day. Formal records (see report dated 4/29/96) showed 7 incidents of Not Following Direction during the period from 2/24/96 to 4/5/96. The same report described 23 rule violations during the same period (Not including AWOL). Ms. Harris reported that since 4/6/96, there has only been one incident of rule breaking.

Ms. Wright reported that Fran doesn't violate or break big rules at school. Two to three times per month, she may have a bad day. During these times there is a lot of "I won't saying." The number of points accumulated in the classroom is the primary form of data collection. This does not lend itself to easy assessment of the degree or percentage of defiance on a daily or weekly basis.

According to Fran's parents, Fran manifested defiance about 70% of the available opportunities in 1994. They estimate that currently, she is defiant between 5 and 20 percent of opportunities.

## Observation and Data Collection

A. *Procedure:* Given the nature of Fran's problems, it will be important that data are collected to show evidence of her progress. At a minimum, the following data should be collected:

1. School - The teacher should record:
  - a. the number of assignments given in class and completed each day;
  - b. the number of homework assignments given and turned in each day;
  - c. the number of times each of the written rules were broken each day.

Summary graphs should be maintained for each of these.

2. Group Home - Staff should be assigned each day to record the number of times each of the

written rules were broken. These data should be summarized on a graph maintained for this purpose.

- B. *Reliability Check:* To assess the accuracy of the data, once each month, a comparison should be made between the raw data sheets, reinforcement charts and token economy records, summary graphs, and staff notes. The number of discrepancies between the raw data and the other records should be noted. A reliability index should be calculated by dividing the monthly total, as determined by the raw data, into the number of discrepancies noted in the secondary records subtracted from the raw data total. The reliability index can then be calculated by multiplying this number by 100. If the reliability index is less than 85% for two or more months in a row, a different method of data recording and reliability checking should be developed to improve the accuracy of the data.

## Procedural Protocol - Behavioral Escalation

*Editors' Note: One of the reasons we emphasize including a description of the "course" of the behavior as part of our definition of a problem, along with a comprehensive antecedent analysis and consequence analysis (among other things) is that we can begin to discern staff patterns and interactions that increase the likelihood of resolving the incident as a minor episode and those that increase the likelihood of escalating the incident into a severe episode. The implications of such information is that it may be used to develop systematic strategies designed to prevent escalation. Following is one such example. This protocol was one of many that made up Mr. Randolph's support plan. He is challenged by autism and when he becomes agitated, he engages in physical aggression, self injury and tantrum. This particular part of the plan is designed to prevent escalation to a full-blown tantrum when he becomes upset.*

### Protocol

Consumer's Name: Mr. Randolph  
 Protocol Name: Behavioral Escalation  
 Date Initiated: June 1, 1995  
 Updated: August 15, 1995

### Introduction

Mr. Randolph engages in tantrums, physical aggression, and self injury. But these actions are frequently preceded by early

signs that he is becoming agitated, or he appears to be upset. It is important to catch Mr. Randolph EARLY in the escalation phase. Otherwise, he will escalate to a full-blown tantrum.

There are some clear signs that Mr. Randolph is agitated and that he is heading for a TANTRUM. These early signs are PRECURSORS. The following is a description of these precursors:

### Objective Signs of Escalation/Precursors

1. *Clicking Sounds.* Mr. Randolph makes sounds with his mouth that sound like clicks. They are made by pressing his tongue against the roof of his mouth. Generally, the sounds are REPETITIVE. Reportedly, they are likely to go on until someone says STOP. These sounds may be quite soft in volume, or may be loud enough to be heard across a room.
2. *Opening and Closing Doors.* This category of action typically involves

Mr. Randolph OPENING THE DOOR OF HIS ROOM AND PEEKING OUT, as if to see what is happening in the living area. As this type of behavior continues, it ESCALATES from simply opening the door and peering out to slamming the door and running and jumping on his bed. At the same time, he may be making a variety of vocalizations and shrieks. Opening and closing doors initially may be separated by from one to five minutes. But as the escalation continues, the actions become louder and the intervals between incidents shorter. IF HE IS ALLOWED TO ENGAGE IN THIS ACTIVITY MORE THAN ONCE, HE IS LIKELY TO ESCALATE.

3. *Perseveration.* This category involves questions for which Mr. Randolph has the answer, or for which he has received an answer. The question or statement is considered to be perseverative if it occurs within one minute of the last similar question. Included within this are statements that are out of context, which are repeated within one minute of the last. Some examples of these include the following:
  - a. Repetitive Questions:
    - When am I going home?
    - Can I call daddy?
    - Can I have a pickle now?
    - Where is Barry?
    - No tantrums! Can I have a pickle?
    - What am I wearing home on Friday?
    - What is daddy wearing Friday?
    - Can pack now?
  - b. Repetitive Statements:
    - I should stop jumping now.
    - Daddy says no clicking.
    - No tantrum, no pickle.
    - No silly talk.
    - I'm going to be a good boy so I can earn the pickle.
  - c. *Silly Talk.* This category includes questions or statements that occur OUT OF CONTEXT for the situation, and that may NOT HAVE TRADITIONAL MEANING. Examples of state-

ments in this category include the following:

- 1) *Alex Trebeck or Jeopardy Statements.* Any comment or question related to Alex Trebeck or the television show Jeopardy would be counted, e.g., "Alex Trebeck is the host of Jeopardy;" with the exception of such comments made while Mr. Randolph is watching Jeopardy.
- 2) *Nonmeaningful Questions and Statements.* This category involves statements and questions that do not make TRADITIONAL SENSE to the listener. Some examples include the following:
  - Does an "S" look like a snake?
  - Sit said goes this
  - Daddy killed Wink Martindale.
  - Gibberish. This includes a chain of non-communicative utterances that do not appear to communicate a message.
4. *Bouncing in Place.* This may be the last objective sign before Mr. Randolph begins a full-fledge tantrum. Mr. Randolph will begin bouncing up and down on the balls of his feet, while standing in one place. At the same time, he may begin opening and closing his hands in a crab-like fashion.

### Strategies To Manage Escalation And To Avert Tantrums

1. *Clicking.* Clicking is one of the early signs that Mr. Randolph is agitated. If not stopped, or if Mr. Randolph is not assisted, he is likely to escalate to full-blown tantrums. The following are suggested strategies for helping Mr. Randolph:
  - a. *Stop The Behavior.* At the first sign of clicking, it should be communicated to Mr. Randolph

that he "needs to stop." Here are several statements that you might make that could have the desired effect:

- Ask Mr. Randolph in a polite fashion to "stop."
- "Mr. Randolph, would you please stop clicking?"
- "Mr. Randolph, is that appropriate?"
- "Mr. Randolph, is clicking appropriate?"
- "Mr. Randolph, cut it out!"
- "Mr. Randolph, chill out!"
- "Mr. Randolph, calm down!"
- "Mr. Randolph, you need to stay calm!"

It would also be appropriate to describe to Mr. Randolph the impact his behavior has on you and others. But these explanations should not be too lengthy; the message will be lost. For example,

- "Mr. Randolph, that bothers me. Please stop!"
- "Mr. Randolph, that is annoying. Please stop!"
- "Mr. Randolph, I don't like that. Would you please stop?"

In public places, telling Mr. Randolph the impact on others would also be very appropriate. For example,

- "Mr. Randolph, people don't like noises like that. You need to stop.!"
- "Mr. Randolph, you are being rude. You need to cut it out!"

- b. *Diversionary Strategies.* If the initial strategies to "stop" the clicking are not successful, every effort should be made to "divert" Mr. Randolph. Some diversionary strategies might include the following:

- "Mr. Randolph, come sit down and watch TV with me."
- "Come join me."
- Give "high 5."
- Give DAP - i.e., physical contact between people in which they touch fists to-

- together in a gentle manner.
- “Would you like to read?”
- “Lets go cook dinner now.”
- “Do you want to take a bath now?”

c. *Recovery and Communication.* After Mr. Randolph “stops” the clicking, or you have successfully diverted him, it is time to help him identify and solve any potential problems. Be concrete and to the point. Here are some examples:

- “Mr. Randolph, what is bothering you?”
- “Mr. Randolph, is there something on your mind?”
- “Mr. Randolph, are you excited about going home on Friday?”
- “Mr. Randolph, did you want to talk to me?”

This may be the time to explain to Mr. Randolph the impact of his behavior on others. For example,

- “Mr. Randolph, those noises are very annoying... ..The noises bother people... ..People may get angry at you.”
- If you use words such as “annoy” be sure that you explain the word to Mr. Randolph. For example, you might describe using other more common words such as “disturb,” “bother.” You might also describe the meaning using references to Mr. Randolph’s own experiences.

2. *Opening and Closing Doors.* The reactions to this problem should vary based on the time of day or night that they may occur. If this behavior occurs during daytime hours or before 10 PM, the strategies suggested above might be used. These would include the following:

a. *Stop The Behavior.* At the first sign of “opening and closing” the door, it should be communicated to Mr. Randolph that he “needs to stop.” Here are several statements that you might

make that could have the desired effect:

- Ask Mr. Randolph in a polite fashion to “stop.”
- “Mr. Randolph, would you please stop opening and closing?”
- “Mr. Randolph, would you stop playing with the door?”
- “Mr. Randolph, is that appropriate?”
- “Mr. Randolph, is opening and closing the door appropriate?”
- “Mr. Randolph, cut it out!”
- “Mr. Randolph, chill out!”
- “Mr. Randolph, calm down!”
- “Mr. Randolph, you need to stay calm!”

It would also be appropriate to describe to Mr. Randolph the impact his behavior has on you and others. But these explanations should not be too lengthy; the message will be lost. For example,

- “Mr. Randolph, that bothers me. Please stop!”
- “Mr. Randolph, that is annoying. Please stop!”
- “Mr. Randolph, I don’t like that. Would you please stop?”

b. *Diversionsary Strategies.* If the initial strategies to “stop” the opening and closing the door are not successful, every effort should be made to “divert” Mr. Randolph. Some diversionsary strategies might include the following:

- “Mr. Randolph, come sit down and watch TV with me.”
- “Come join me.”
- Give “high 5.”
- Give DAP - i.e., physical contact between people in which they touch fists together in a gentle manner.
- “Would you like to read?”
- “Lets go cook dinner now.”
- “Do you want to take a bath now?”
- “Mr. Randolph, come over here and lets hang out.”

c. *Recovery and Communication.* After Mr. Randolph “stops” the opening and closing of the door, or you have successfully diverted him, it is time to help him identify and solve any potential problems. Be concrete and to the point. Here are some examples:

- “Mr. Randolph, what is bothering you?”
- “Mr. Randolph, is there something on your mind?”
- “Mr. Randolph, are you excited about going home on Friday?”
- “Mr. Randolph, did you want to talk to me?”

If this behavior occurs during the evening between 10 PM and 12 AM the strategies suggested above might be used. In addition, the following statements might be made; assuming that he is not tired and does not want to go to sleep:

- “Mr. Randolph, do you want to come out and watch TV with me?”
- “Mr. Randolph, lets hang out before you go to sleep.”

If this behavior occurs at night after 12 AM, the communication to Mr. Randolph should be one of its being late and that he should be sleeping. Some examples include:

- “Mr. Randolph, it is \_\_\_\_\_ AM. It’s late and you need to be in bed.”
- “Mr. Randolph, its late. You need to go to work tomorrow. Go to bed.”
- “Mr. Randolph, its late. Do you want to disturb the neighbors?”
- “Mr. Randolph, is your father asleep now? What should you be doing?”

3. *Perseveration.* Mr. Randolph’s Perseveration sometimes serves a communicative function and sometimes it is simply a repetitive behavior that seems to serve no function within the current context. Mr.

Randolf's apparent inability to control this behavior can contribute to his agitation and escalation.

- a. *Stop The Behavior.* On the assumption that the Perseveration is communicative, staff should attempt Active Listening (see Active Listening Protocol).
  - b. *Diversionsary Strategies.* If Active Listening does not work to get control over Perseveration, staff should attempt to divert Mr. Randolf from Perseveration by using the remote control device to switch on his favorite CD, always kept ready for this eventuality. At this point, staff can say something like "does this music help you to think about something else?"
  - c. *Recovery and Communication.* After Mr. Randolf "stops" the perseveration, or you have successfully diverted him, it is time to help him identify and solve any potential problems. Be concrete and to the point, as described above.
4. *Bouncing Up and Down In Place.* If Mr. Randolf gets to this state, it is important to "stop" the behavior at that point. While the responses described above should be used here, at this point the statements should be made in a more "forceful" manner. "Mr. Randolf, you need to stop. Now!" Other things you might want to do at this point include the following"
- a. *Stop The Behavior.* Give the directions and make the statements described above in an assertive manner, as if you really mean what you are saying. In the above strategies, the statements might be given as a "buddy" might talk to another "buddy." Not here.
 

As soon as he engages in the first sign of "bouncing," DROP WHAT YOU ARE DOING and interact as described here.

At this point, it might be a good idea to get close to him. While respecting his personal space, get closer. Generally

speaking, close means NOT within arms reach. Mr. Randolf is sensitive to people being too close. Also, by being out or arms reach you will be more able to effectively evade attempts at physical aggression. By closing the space between you and Mr. Randolf, he may see that it is important and that you mean business.

- b. *Diversionsary Strategies.* If the initial strategies to "stop" the bouncing are not successful, every effort should be made to "divert" Mr. Randolf. Some of diversionsary strategies might include the following:
  - You might remind Mr. Randolf what he will earn. "Mr. Randolf, you have only \_\_\_ hours before you earn \_\_\_\_." "Don't blow it. You picked the prize." "I hope you earn it."
  - Redirect him to the trampoline where he can bounce in an adaptive way.
  - Direct him to count to "10" or to engage in simple addition, such as "Mr. Randolf, what are 2 + 2?"
  - Direct Mr. Randolf to use his coping skills. "Mr. Randolf, take a deep breath ...Relax... ...Calm down."
  - Direct Mr. Randolf to sit down. "Mr. Randolf, come over here and sit with me."
  - Once he is sitting down, it is time to redirect him into yet another activity or action. For example:
    - Give him the TV remote so he can change the channel.
    - Give him the TV guide.
    - Ask him to write his schedule for the next day. Help him.
    - At night, redirect him back to bed.
  - Ask Mr. Randolf to "count to 10."
  - There is some indication

that if he has not masturbated that day, he is more likely to be frustrated. You may want to ask him "Mr. Randolf, have you masturbated today?" If the answer is "no" then you should redirect him to the place where he can. "Mr. Randolf, maybe you need to go to the bathroom and masturbate?"

- c. *Recovery and Communication.* After Mr. Randolf "stops" the bouncing, or you have successfully diverted him, it is time to help him identify and solve any potential problems. Be concrete and to the point. Here are some examples:
  - "Mr. Randolf, what is bothering you?"
  - "Mr. Randolf, is there something on your mind?"
  - "Mr. Randolf, are you excited about going home on Friday?"
  - "Mr. Randolf, did you want to talk to me?"

This may be the time to explain to Mr. Randolf the impact of his behavior on others. For example,

  - "Mr. Randolf, it really upsets people when you bounce up and down and make so much noise."
  - "Mr. Randolf, when you make so much noise, it disturbs your neighbors. You don't want to be kicked out?"
  - "Mr. Randolf, if you make too much noise you might get kicked out. You don't want that!"

### Comments

Some of Mr. Randolf's behavior suggest the possibility of a movement disturbance in which some of these behaviors have a neurological, nonvolitional base. Ongoing assessment is being carried out to determine the extent to which this may be true and, if so, how this protocol may be strengthened and revised accordingly.

## Resource Focus: Competency Based Training (CBT)

Diane Sabiston, Institute for Applied Behavior Analysis, Savannah, GA

*Editors' Note: Many of you have requested more information regarding resources that are available from IABA to assist you in providing quality services. Periodically, we will use this column to focus on resources available from us or one that we know of and find useful. In this article, Diane Sabiston describes the Competency Based Training series that we use to train our own staff and have made available to other service agencies worldwide.*

### Introduction and Background

Staff training is generally defined as instruction to establish staff competence to perform responsibilities. Many agencies worldwide, providing services to persons with the challenge of developmental disabilities, are struggling with the issue of how to best train staff and give them the skills needed to provide quality services. Often, agencies are limited in the amount of time scheduled for training staff and may only offer a basic orientation in order to get staff on board quickly. Perhaps some agencies can't afford a full time trainer and training occurs when there is someone available to schedule an inservice training. Many agencies are looking for a comprehensive approach to staff training with specific outcomes and without the luxury of a full-time trainer. What kind of training do agencies offer so that staff feel competent to carry out their challenging job responsibilities?

The Institute for Applied Behavior Analysis (IABA) has developed a systematic, competency based, criterion-referenced and self-instructional training course for staff working primarily in the field of developmental disabilities. The *Competency Based Training* (CBT) series was first developed by IABA Directors, Julia Shaul, M.S.W., Gary LaVigna, Ph. D., and Thomas Willis, Ph. D. in 1985 to be used in training its own staff. The principles contained in the CBTs have been successfully used in the fields of adult services (supported employment, supported living and other residential options) as well as schools serving children and adolescents. Agencies serving other

populations (e.g., mental health and neurobehavior centers) have also utilized the training series to increase the level of staff competence.

### Organization of the CBT

The *Competency Based Training* series is designed to teach entry level staff skills at three levels of competence. The first level is verbal. Staff are able to answer questions regarding a specific topic of training either verbally or on a written test. The second level of competence involves role-play or analog where the trainee demonstrates skills in a role-play situation before actually using them

in the real-life situation. The third level of competence includes demonstrating the skills out in the field with the person(s) receiving the support. Some of the principles and skills taught in the CBTs include the principle of full inclusion, instructional strategies, the function of behavior challenges, public relations, positive support strategies, problem-solving and troubleshooting skills and more. To demonstrate competence for each module, staff must meet specific criteria such as objective tests, role-plays and field assignments.

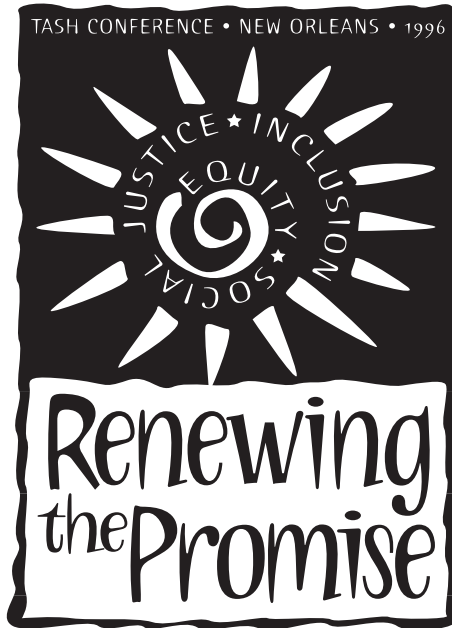
The CBT package includes 16 modules with 73 competencies and 130 criteria, a library of 4 textbooks and 2 videotapes, an Instructor's Manual and tests and answers for each topic. There are 5 of the 16 topics which are customized to incorporate specifics which may be unique to each agency.

### Field Testing and Implementation

The *Competency Based Training* series has been field tested for over 10 years in a variety of settings. It is complete, comprehensive and includes critical training that direct care staff need and is flexible enough to be integrated with an agency's unique needs and existing training.

Agencies throughout the U.S., Canada, United Kingdom, Australia, Spain and New Zealand are effectively using the *Competency Based Training* and the principles it teaches. A selected list of users includes the Loddon School in England (Basingstoke, UK), Residential Support Services (Charlotte, NC), Isle of Man Department of Education (Douglas, Isle of Man, UK), Provident Industries (Yakima, WA), SC Programs for Individuals with Autism (Greenville, SC), Grant-Blackford Mental Health (Marion, IN) and Cedar Hill Independent School District (Cedar Hill, TX). The state of Montana's Developmental Services Division also purchased the right to distribute the CBT series to all its providers as a state training curriculum.

For more information, call, fax or write: Diane Sabiston; Institute for Applied Behavior Analysis; PO Box 30726; Savannah, GA 31410 USA; Telephone: (912) 898-0390; Fax: (912) 898-8077.



## Make your plans now!

The 22nd Annual TASH Conference "Renewing the Promise" will be held at the New Orleans Hilton Riverside, November 21-23, 1996.

**T**ASH is known for its advocacy for the full inclusion of people with disabilities in community life. The annual conference draws over 2,300 advocates from around the world who are shaping the promise for continued equity, social justice, and inclusion for all. The unbeatable enthusiasm and combination of personal experience and professional knowledge make this a conference you can't afford to miss. Over 450 total sessions and special events will be presented. For more

information, please contact Rose Holsey at TASH (410) 828-8274 x100.



29 W. Susquehanna Avenue, Suite 210, Baltimore, MD 21204

## IABA

*Make your plans now to attend the  
Ninth Annual  
Two Week Summer Institute on*

### *Assessment & Analysis of Severe & Challenging Behavior*

**July, 1997  
Los Angeles, California**

For a complete description of the course, registration procedure and fees, contact:

John Q. Marshall, Jr.  
Director of Professional Training Services  
Institute for Applied Behavior Analysis  
PO Box 5743  
Greenville, SC 29606-5743 USA  
Telephone: (864) 271-4161 • Fax: (864) 271-4162

## Training Opportunities Available

The Institute for Applied Behavior Analysis can schedule any of the following seminars or institutes in your area or for your agency.

- **Assessment and Analysis of Severe and Challenging Behavior**
- **Positive Approaches to Solving Behavior Challenges**
- **The Periodic Service Review**
- **Supported Employment**
- **Emergency Management Within a Nonaversive Framework**

For more information on any of the above programs and how you can sponsor a program in your area, contact:

John Q. Marshall, Jr.  
Director of Professional Training Services  
Institute for Applied Behavior Analysis  
PO Box 5743  
Greenville, SC 29606-5743 USA  
Telephone: (864) 271-4161 • Fax: (864) 271-4162

## 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 a multielement nonaversive support plan.*

**London • October, 1996**  
**Los Angeles • July, 1997**

#### **Positive Approaches to Solving Behavior Challenges and The Periodic Service Review**

**Gary W. LaVigna & Thomas J. Willis**

*Positive Approaches... are 2 and 3 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. The Periodic Service Review is a 1 day seminar that teaches participants a staff management system that ensures the agency/school is providing quality services.*

**August, 1996** - US Seminars (Grand Junction, CO and Longmont, CO)

**September, 1996** - US Seminars (Clarksburg, WV, Louisville, KY and Nashville, TN)

**October, 1996** - UK Seminars (Manchester, Sheffield, Telford, Edinburgh, Cardiff, London); Norway Seminars (Oslo)

**November, 1996** - Australian Seminars (Perth, Townsville, Melbourne); Canadian Seminars (Halifax, NS)

**December, 1996** - US Seminars (Sacramento, CA)

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

John Q. Marshall, Jr.  
Director of Professional Training Services  
**Institute for Applied Behavior Analysis**  
PO Box 5743  
Greenville, SC 29606-5743 USA  
Telephone: (864) 271-4161  
Fax: (864) 271-4162  
Internet: jmarshall@iaba.com  
Toll Free (USA and Canada): (800) 457-5575

In Australia - Jeffrey McCubbery (054) 395 305  
In England - Cherry Isherwood (01562) 747 881

### Multimedia Training Programs

#### **Competency Based Training Program**

This is a systematic, criterion-referenced, self-instructional multimedia course for staff development that is customized to your agency. It is being used by adult service agencies and schools in Australia, Great Britain, Spain and the US. \$1,500.00

For more information on the CBT, contact:  
Diane Sabiston

**Institute for Applied Behavior Analysis**

PO Box 30726  
Savannah, GA 31410-0726 USA  
Telephone: (912) 898-0390 • Fax: (912) 898-8077

#### **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

For more information, contact:

John Q. Marshall, Jr.  
Director of Professional Training Services  
**Institute for Applied Behavior Analysis**  
PO Box 5743  
Greenville, SC 29606-5743 USA  
Telephone: (864) 271-4161 • Fax: (864) 271-4162

### Printed Resources Available from IABA

#### **Alternatives to Punishment: Solving Behavior Problems with Nonaversive Strategies**

**G.W. LaVigna and 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 and 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, \$25.95/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. Shaul, M. Abedi, M. Sweitzer**

Evolving from more than a decade of work at IABA, this book provides the tools needed to enhance and maintain high quality service delivery. Translating the principles of organizational behavior management and total quality management into concrete policies and procedures, the *Periodic Service Review (PSR)* acts as both an instrument and a system. As an instrument, the *PSR* provides easy to follow score sheets to assess staff performance and the quality of services provided. As a system, it guides managers step-by-step through 4 interrelated elements — performance standards, performance monitoring, performance feedback, and systematic training — to offer an ongoing process for ensuring staff consistency and a high level of quality for services and programs. Practical examples show how the *PSR* is applied to group home, supported living, classroom, and supported employment settings, and the helpful appendices provide numerous tables and charts that can easily be tailored to a variety of programs. - \$36.00/ISBN 1-55766-142-1

Add for Shipping and Handling:  
1st book (min.) \$3.00 Each add'l book \$0.50

Mail check or company purchase order to:

**Institute for Applied Behavior Analysis**

PO Box 5743  
Greenville, SC 29606-5743 USA  
Telephone: (864) 271-4161 • Fax: (864) 271-4162

Foreign orders must be made in U.S. currency by bank draft or international money order.  
(Prices are subject to change without notice.)