

β*ε*τ*α: BEHAVIOR EDUCATION TRAINING ASSOCIATES

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Long Term Success with Extremely Challenging Behavior **Using Basic Contingencies**

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Introduction. Madsen, Becker, and Thomas (1968) demonstrated the effectiveness of a three part intervention called "Rules - Praise - Ignore" (RPI). More recently, Gable, Hester, Rock, and Hughes (2009) confirmed that this three part structure continues to prove successful. Since 1987, B*E*T*A: Behavior Education Training Associates has been successfully applying this format in varied situations with diverse individuals. In research and clinical articles and on direct observation the authors have found it unfortunately rare for this demonstrably effective structure to be evident. This presentation demonstrates broad scale effectiveness and discusses some of what may be the most relevant factors.

Individuals Assisted. Three individual cases are reported on here, selected so as to illustrate the range of individuals assisted so far.

At the start of intervention (1991), D was 7 years old, with a diagnosis of autism. Many classical signs of autism were evident including infrequent eye contact, lack of speech, self absorption, and numerous troublesome behaviors. Behavior included self injury (e.g., slapping himself hard and often enough on the side of the face to cause bleeding), banging his head against hard objects, striking others, throwing objects, loud noisemaking, and leaving the area. D lived at home with a single mother and siblings. At the start of intervention he was placed in a Severely Handicapped Special Day Class and being considered for placement in a nearby segregated school. Previous and current attempts at intervention had proved less than satisfactory. The current state was dire, for example, the exit door of the classroom was blocked by teachers using a partition and a table with chairs and desks on top of it. Several staff had suffered injuries leading to time off work attempting to physically assist D.

At the start of intervention (1987), C was 21 years old, with a diagnosis of profound intellectual disability. He lived with his parents and one sibling in a remote location. He used little speech and demonstrated few basic self care skills. C engaged in behavior such as loud noisemaking, hitting himself, banging his head against hard surfaces, slapping nearby surfaces with his hand, and forcefully retrieving food and drink despite physical attempts to prevent this. C had been hospitalized three times for water intoxication. He would choke himself at most eating opportunities by putting into his mouth as much food as possible at one time. Numerous individuals had been injured leading to time off work attempting to provide physical guidance for C. At the start of intervention, C had been declined admission to or expelled from every other locally available program of supports.

A second aspect of Praise is frequency. Here B*E*T*A has determined that a frequency of feedback far more frequent than most often provided may be necessary for improvement. Programs sometimes begin with positive performance feedback scheduled to occur every 10 seconds. To some this seems excessive, unwarranted, unreasonable, even potentially deleterious. The data presented here bear out the utility of the practice. When there is a program breakdown, the most common fix is to increase frequency of positive performance feedback.

“Calming” strategies, e.g., talking soothingly to the individual when upset, are avoided in favor of catching moments of quiet with PPF.

Restraint, seclusion, punishment of any type, and edibles are not used

Ignore: This may be the most difficult aspect of intervention to manage. Ignoring involves socially disengaging from the individual, and insuring that an outcome desired by the individual does not occur. It has not proven difficult to teach those who implement interventions how and when to ignore. It does often prove difficult to carry this out in everyday community settings. It is not uncommon for a well meaning member of the public to step in with some interaction s/he believes will improve things.

There are also specific measures that must be taken at some points in an intervention to insure the safety of everyone nearby including the individual. This aspect has proven far less difficult than many would assume. No injury to anyone in the community has ever occurred in 22 years. Some property damage has had to be dealt with, but this also was a small amount. For example, one young man would take other peoples’ beverages right out of their hands and B*E*T*A reimbursed them.

Shaping: Embedded in this overall format (RPI) skill development is approached gradually, in systematic steps designed to create maximum success, preferably 100% at each step. Guided Practice, a type of physical and environmental support, is utilized as necessary. A first step might have to be to teach cooperation with Guided Practice.

Functional Analysis: Very few behaviors are addressed additionally by construction of a remedial program based on analysis of the factors maintaining the behavior in question. This has been rarely additionally useful as the RPI structure provides an inherent functional perspective.

Data Keeping: Data are kept in a partial interval time sample format. Individual behaviors are often coded to track separately. For the purposes of this presentation all behaviors were collapsed into one broad category of “not OK”. Example completed data sheets are provided here.

Some milestones along the way included:

- Year 1 – reconnected with family living in the area;
- Year 2 – volunteer work retrieving and distributing food bank commodities;
- Year 3 – changed to less restrictive residential setting;
- Year 4 – supported and competitive employment.

Discussion. These results are typical. B*E*T*A has served several hundred individuals of all different ages and diagnoses for various periods of time with strikingly similar results. The provision of expectations in an explicit format (Preview) is similar to what has come to be called social stories. High frequency PPF may be important because of well documented expansion of trials to criterion for individuals considered disabled. Nothing more than receiving no feedback, in contrast to ongoing feedback during acceptable performance, appears to be necessary for individuals to learn to abandon troublesome behaviors. The authors urge members of the field to emphasize the importance of such a constructive basic structure in all situations, regardless what else might be added.

- - - E N D - -

References:

Madsen, C.H., Jr., Becker, W.C., and Thomas, D.R. Rules, Praise, and Ignoring: Elements of Elementary Classroom Control. *Journal of Applied Behavior Analysis*, Vol. 1 pp 139-150, Number 2 (Summer 1968).

Gable, R.A., Hester, P.H., Rock, M.L., and Hughes, K.G. Back to Basics: Rules, Praise, Ignoring, and Reprimands Revisited. *Intervention in School and Clinic*, 2009, 44, 195.

Day Program

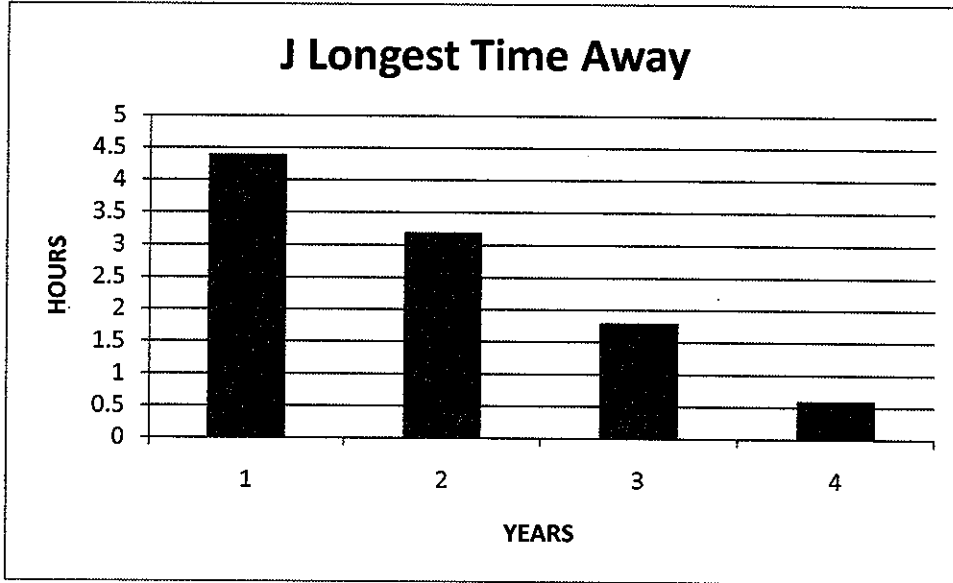
~~CONFIDENTIAL~~ DAILY SCHEDULE (REPORTED BY ~~CONFIDENTIAL~~ IMPLEMENTATION SPECIALIST)

| DATE TIME | Planned Activity | Activity Outcome | Behaviors | | | | | Words/Comments |
|--------------|--|---------------------|-----------|---|---|---|---|---|
| | | | N | B | S | O | L | |
| 7:35-7:45 | Exch greet / Picked up papers | 11 | | | | | | Pocket unzipped on backpack dumped out receipts |
| 7:45-8:00 | BR / Previewed the day / Drove to Manhattan Bagel | 1 | ✓ | | | | | Lead word stamping Repeated some lead words stamping words loudly w/ accent |
| 8:15-8:30 | Ordered / Break | 11 | | | | | | |
| 8:30-8:45 | Cont. / Drove to Kingst | 1 | | | | | | |
| 8:45-9:00 | Went to BK / Stopped | 11 | | | | | | |
| 9:00-9:15 | nose bleed / Paid layaway / Look around store / want to register | 1111 | | | | | | |
| 9:15-9:30 | Wait at Paid / Made call | | | | | | | emergency Page from niece school |
| 9:30-9:45 | Drove to school / Picked up niece | 11 | | | | | | |
| 9:45-10:00 | Drove to home / Drove to Walmart | 11 | | | | | | No one home |
| 10:00-10:15 | Looked around | 1 | | | | | | |
| 10:15-10:30 | thru store | 1 | | | | | | Laughing Looking at large doll |
| 10:30-10:45 | Cont. looking | 1 | | | | | | |
| 10:45-11:00 | Find way out / Drove to Enterprise Park | 11 | | | | | | |
| 11:00-11:15 | cont. / Personal | 1 | | | | | | clip finger + toe nail < Back on spec at |
| 11:15-11:30 | Hygiene | 1 | | | | | | Clean ears < Amos done repeatedly |
| 11:30-11:45 | BR / Returned Page | 11 | | | | | | Pouring H2O while I got my book / I'd |
| | H2O / Felt head jing | 1 | | | | | | off the drink & dumped water every where < Page from sister |
| 11:45-12:00 | LUNCH | 1 | | | | | | scratching head + laughing < LOB checked up |
| 12:00-12:15 | lunch / Cleanup | 1 | ✓ | ✓ | ✓ | | | |
| 12:15-12:30 | Drove to home / Dropped off niece | 11 | | | | | | |
| 12:30-12:45 | Drove to the YMCA | 11 | | | | | | |
| 1 | Cont. things | 1 | | | | | | hit dash |
| 12:45-1:00 | Rearranged clothes | 1 | | | | | | looking at a book Charlie what in to work out area |
| 1:00-1:15 | Cont. / Ride bike | 1 | | | | | | |
| 1:15-1:30 | Cont. to ride bike | 11 | | | | | | |
| 1:30-1:45 | Stretching | 11 | | | | | | |
| 1:30-1:45 | Cont / Egg curls | 11 | | | | | | |
| | Ab crunch | 11 | | | | | | |
| 1:45-2:00 | Overhead lifts | 11 | | | | | | |
| | Back extensions | 11 | | | | | | |
| 2:00-2:15 | changing clothes | 1 | | | | | | st on way to car hit leg repeatedly |
| 2:15-2:30 | Drove to Vally Mart | 1 | ✓ | | | | | asking for "snack + apple" hit door |
| 2:30-2:45 | Cont drive / Bought soda | 11 | | | | | | "page" |
| | Wait inline / Paid | 11 | | | | | | |
| 2:45-3:00 | Drove to Anderson Park | 11 | | | | | | |
| | Had Break | 11 | | | | | | |
| 3:00-3:15 | Cont break / Walk to BR | 11 | | | | | | |
| | BR / Walk to car | 11 | | | | | | |
| 3:15-3:30 | Drove to School | 111 | | | | | | |
| TOTAL | Reviewed day / Greet mom | 16/16 | ✓ | ✓ | ✓ | | | LOB 11 w/ stamping Scratch head hit box |

Unacceptable physical contact
 S = with self
 O = with others
 N=noise making occurrences
 B=beverages gained unacceptably
 L= leaving activities before completed

1 = okay
 2 = not okay
 Mileage-end 284.4
 -begin 256.5
 Total 37.9

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CALIFORNIA CHILDREN'S SERVICES
Sacramento County CCS Office
616 Micron Avenue, Suite 970
Sacramento, CA 95827
(916) 875-9900

Original

01/13/2011

Edward McLean
2919 Sandhurst Ct
Sacramento, CA 95821

Client Name: Spencer McLean
Birth Date: 11/03/1994
CCS #: 7204410
County: Sacramento
CIN #: 99862360F7

Authorization for Treatment Services

Spencer McLean has been authorized for services in the CCS program. Service authorization 97028029350 is effective from 11/12/2010 to 11/11/2011 with the following Special Care Center (SCC) or specialist:

Bradbrook, Charles MD
50 Howe Ave, Ste 830
SACRAMENTO, CA 95825

Please remember to take this letter, your Beneficiary Identification Card (BIC), in addition to any other Health Plan Cards to this appointment. Please inform the office of your child's CCS coverage and authorization for treatment.

This letter will need to be shown to Bradbrook, Charles MD and any other providers your child may be referred to in order to expedite your child's ability to receive additional medical services.

Please call the Sacramento County CCS Office at (916) 875-9900 if your child is referred to any other source for evaluation.

All authorizations must be made in advance by the CCS office.

Sincerely,

California Children's Services

Client Copy

916-51 - 4186668-2011

(Family TX / Therapy Auth Cover Letter)