

TARGETING THE BIG THREE

CHALLENGING BEHAVIORS

TRAINER MANUAL

SUMMARY

This training offers hands-on instruction for parents, caregivers, and service providers to address the most frequent and problematic areas of daily living for many individuals with autism spectrum disorders (ASDs) and other developmental disabilities. The curriculum is based on the principles of applied behavior analysis (ABA) and focuses on developing the specific techniques and skills shown to be successful in these areas. This program provides training in the management of challenging behaviors. Caregivers will attend a series of weekly sessions in which they will learn new methods of observing and recording problem behavior, how to implement techniques to change behavior, and how to track progress. Throughout the program, participating parents and caregivers will be expected to collect and submit data related to their experiences in implementing behavior management techniques. At the conclusion of the program, the trainers will provide follow-up consultation with individual caregivers and staff as needed.

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Basic Training Guidelines

The training content and procedures for teaching the “Targeting the Big Three: Challenging Behavior” curriculum are specified in this Trainer Manual. Your role is to introduce the topic, go over the content, demonstrate the steps as necessary, and cover how the content should be applied as the participants work with the individual they care for. You will facilitate and instruct participants on how to conduct functional behavioral assessments, preference assessments, implement behavior intervention, and record data. You will be presenting material, asking questions, facilitating role playing exercises and discussions, and helping the trainees understand, design, implement and revise the behavior intervention techniques. You will need to be prepared for each session. Take note of the “Preparing for This Session” boxes throughout this manual.

Trainer Objective: To Encourage and Empower

As a trainer of this curriculum, your primary objective will be to help each parent or caregiver become comfortable with the assessment and intervention techniques contained in the curriculum so that he or she can implement them successfully with the individual they support.

Your job is to *encourage and empower the caregivers* to take the positive, proven steps contained in this course to improve the life of the individual they care for. This work is difficult, but will be worth their effort. The people you will be training need to hear that. Be sure to encourage and empower them in each session!

Trainer Requirements

People who conduct this training workshop should be experienced trainers with extensive experience working with individuals with autism spectrum disorders (ASDs) and developmental disabilities, as well as with their families. A background in applied behavior analysis is highly recommended.

Class Size

The workshop is designed for a maximum of 10 caregivers to attend each sequential session. Keep a record of attendance at all sessions.



Space Requirements

The training room must accommodate 11 people, and be large enough to allow the trainer to circulate and engage in quiet, semi-private conversations with individual caregivers. Following the training sessions, the room should be returned to the initial configuration. Room and equipment requirements are:

- Tables and chairs (with room to move around for role plays)
- An accessible copy machine
- Newsprint for posting session ground rules (optional)

Estimated Time – 90 minutes

The time limits listed next to each segment of the session are rough guides. Be flexible with time, allowing more time for areas that seem to require it and shortening other areas that can be briefer.

Workshop Materials

There are two binders (a Caregiver Manual and a Trainer Manual) associated with this workshop. The Caregiver Manual contains space for the participants to record information about the individual they care for. It also contains all the data sheets they will need to complete homework. Occasionally, additional copies of a data sheet may be needed.

It may be helpful to have a watch or clock in view so that you can pace your presentation of the material and exercises for each session. There is a lot of material to cover in each session.

For Sessions 2 – 4 you will need to provide:

- several types of reinforcers (toys, books, snack foods, candy, soda, games)
- props for the Role Plays for analogue FA and TELL-SHOW-DO (a cup, a book, teddy bear etc.)
- pencils for participants to use in practicing data collection
- extra copies of relevant data sheets
- examples of token systems (Session 4 only)

Conducting Workshop Training

Take the time to learn the training materials and rehearse the role play scenarios and different procedures before delivery of the training. Present the information in your own words. This will free you from reading the trainer materials verbatim and make you a more confident and effective instructor. To illustrate a point, consider using examples drawn from your own experience in working with individuals with ASD and other developmental disabilities.

Collecting Data

The Institutional Review Board of OPWDD's Institute for Basic Research has determined that data collection associated with Targeting the Big Three is not human subjects research and has authorized OPWDD to collect anonymous data on individuals with developmental disabilities in relation to this training program (p. 8, T). It is important that you (the trainer) maintain the anonymity of the data collected in your training sessions by completing the following steps:

- At the beginning of your training sessions -
 - complete and submit the Agreement to Exchange and Maintain Anonymous Data (p. 9, T) to Dr. Helen Yoo, IBR Dept. of Psychology, 1050 Forest Hill Road, Staten Island, NY 10314.
 - complete the Data Coding sheet (p. 11, T) to ensure you record data accurately and anonymously throughout the training.
- At the conclusion of the training sessions - mail all of the coded data sheets (but NOT the Caregiver Data Coding sheet) to Dr. Helen Yoo.

Throughout the training sessions, you should collect the assigned homework data at the beginning of each session. Make copies of the homework during a break and return the data sheets to the trainees before the end of the session. If you do not have access to a copy machine, ask the trainees to make a copy of each homework data sheet prior to session and submit that copy to you at the beginning of each session. For trainees who do not have access to a copy machine, collect the data at the end of the last two training sessions. Arrange to return the data to the trainee (e.g., by mail, scanning & email, etc.)

**INSTITUTE FOR BASIC RESEARCH
Institutional Review Board
Research Foundation for Mental Hygiene, Inc.**

PROTOCOL DISPOSITION FORM

PROTOCOL: Initial Insert ONE: Initial Review, Continuing Review, Amendment,
Withdrawn or Completed)

PROTOCOL NUMBER: 497

INVESTIGATOR NAME: J. Helen Yoo

TITLE: Targeting the Big Three: Challenging Behaviors, Mealtime Behaviors and
Toileting, A Train the Trainer Program to Benefit Parents, Caregivers and
Staff

1. At the 12/7/10 (date) meeting of the IRB the above protocol was evaluated

The above protocol was approved by expedited review on (date)

Monitoring: Capacity evaluation: Continuing Review due on (date) (at least annually).

Comments: This project was reviewed by a convened meeting of the IBR IRB. The Board found that
the project does not involve human subjects research.

2. The above entitled protocol was reviewed by the Facility Director/Designee on (date) and was:

APPROVED (Decision includes use of state staff time)

DISAPPROVED Comments:

Date Facility Director/ Designee

3. The above entitled protocol has been reviewed by the Research Foundation for Mental Hygiene Inc., and the
New York State Office of Mental Health according to the procedures described in Section 3.6 of the
Manual for Institutional Review Boards.

APPROVED

DISAPPROVED
Comments:

Date Susan J. Delano, Deputy Managing Director Research Foundation for Mental Hygiene, Inc



Institute for Basic Research in Developmental Disabilities

W. Ired Brown, M.D., Ph.D., Director

1050 Forest Hill Road
Staten Island, NY 10314

TEL: 718-494-0600

FAX: 718-494-0815

TY: 866-933-4999

www.omb.state.ny.us

AGREEMENT TO EXCHANGE AND MAINTAIN ANONYMOUS DATA

As a research scientist authorized to receive anonymous data on individuals with developmental disabilities in connection with Targeting the Big Three: Challenging Behaviors Mealtime Behaviors, and Toileting. A Train-the-Trainer Program to Benefit Parents, Caregivers & Staff, a training project reviewed by the Institutional Review Board (IRB) of the Institute for Basic Research on December 7, 2010, I, J. Helen Yoo, Ph.D., BCBA-D, hereby acknowledge that I have a legal, professional, and ethical duty to maintain the anonymity and confidentiality of the individual records I receive.

In accordance with this duty, I will receive **anonymous data**, which cannot reasonably be linked, directly or indirectly, to a specific client or caregiver, who will receive *Targeting the Big Three* trainings from _____ (DDSO/voluntary agency).

The data collected by the above DDSO/voluntary agency will be coded by the trainer as follows, prior to being sent to Helen Yoo at 1050 Forest Hill Road Staten Island NY 10314:

- ◆ Name of DDSO/voluntary agency—Trainer's Initials—Participant Code—Age of the Individual with DD (e.g., Staten Island—HY—A—18)

_____ (DDSO/voluntary agency) and I agree to take whatever measures necessary to secure such data against unauthorized disclosure and agree to return, destroy or delete any identifying data.

PI Signature

12/16/2010
Date

J. Helen Yoo
Name (typed or printed)

Trainer Signature

Date

Name (typed or printed)

Caregiver Data Coding

Instruction: Use this form to help you keep track of the names and codes assigned to each participant. Before you send the data to Helen Yoo at the end of the training, write the unique, anonymous code assigned to each participant on top of the respective data sheets. If there are multiple data sheets per participant, staple them together and place the anonymous code on the top page. Do not send this Caregiver Data Coding form to Helen Yoo. Keep it safe and confidential.

Example: Staten Island—HY—A—18

Workshop (circle one): Challenging Behavior / Mealtime / Toilet Training

Training Dates: _____

DDSO Location/ Agency Name	Trainer Initials	Participant (Caregiver) Name	Participant Code	Age (in years) of the individual with DD
			A	
			B	
			C	
			D	
			E	
			F	
			G	
			H	
			I	
			J	



Keys to Effective Instruction

1. Be enthusiastic about the topic and the training program. Participants need to know it can change their lives.
2. Start on time. End on time.
3. Be respectful of the participants. Validate their frustrations and experiences.
4. Support the curricula with your own facts and experiences.
5. Be clear and direct during training. Instruct the participants to follow along in their Caregiver Manual.
6. Invite questions from the participants.
7. Encourage sharing of personal stories. Participants gather strength and encouragement from each other.
8. Cite scientific references (peer reviewed journal articles) and authorities.
9. Be honest with the participants. If you don't know the answer to a question, say you'll consult the sources and get back to them.
10. Use questions to elicit discussion and uncover issues that might hinder success:
 - What do you think will be easiest to implement in this session? The most difficult?
 - Use retrospective "think back" questions. Ask the participants to remember their past experiences instead of a hypothetical situation.



Session I: Introduction

Applied Behavior Analysis & Functional Behavior Assessment

Preparing for this Session

Purpose – In this session you will:

- make introductions,
- provide an overview of the workshop,
- introduce general information about Applied Behavior Analysis,
- help caregivers define target behaviors,
- help caregivers identify realistic goals, and
- prepare participants to collect baseline data.

At the conclusion of Session 1, you will review each of these accomplishments with the participants.

To Prepare:

- Read through the entire session in the Trainer Manual
- Become familiar with the Baseline Data Sheet
- Assemble name tags
- Assemble the QABF forms to give to caregivers

Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / ____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



Introductions (5 minutes)

1. Arrive at the training location a few minutes early to prepare and greet participants as they enter the room.
2. Ask participants to sign the attendance list (including collect phone #/email) and create name tags. Based on this form, complete the caregiver Data Coding Sheet at a later time.
3. Distribute the training manual.
4. Welcome participants to the training and introduce yourself (tell your name, what you do in your job and a little about your experience.)
5. Inform participants where the restrooms, water fountain, vending machine, and nearest exit are before beginning the workshop.
6. Explain the disclaimer and ask participants to sign it.
7. Collect the disclaimer.

Disclaimer

This curriculum contains guidelines designed to provide a useful “how to” manual to address specific problem behaviors that often interfere with activities of daily living for individuals with ASD and other developmental disabilities. It is not intended to be a “one-size-fits-all” training program. This curriculum, while focused on behavior management, may also deal with health and related medical issues for the individual whom you are providing care. Please note that this curriculum is not intended to supplant any in-person behavioral consultation or medical examination that may be necessary to appropriately meet the needs of the individual presenting with problematic behaviors. Always seek the advice of a professional with any questions you may have *before* using the curriculum.

If you haven’t already done so, locate a competent behavior analyst or other behavioral health professional trained in these areas for individuals exhibiting severe and chronic problem behaviors (see www.bacb.com for a registry of board certified behavior analysts). OPWDD expressly disclaims any and all responsibility for any liability, loss, or risk, personal or otherwise, which may be incurred as a consequence of the use and application of any of the guidelines included in this curriculum.

The information I receive as a result of this training is for educational purposes only. No information provided is intended to diagnose or cure any disease or condition. All guidance and training given should be considered as advice.

Signature

Date

**Ice Breaker (10 minutes)**

- Instruct participants to walk around the room and introduce themselves to as many people as they can in five minutes.
- When five minutes is up, ask the participants to pair up and introduce their partner to the group, telling a little bit about that person such as: Name, Where they work, How long they have worked there, who they care for with ASD or other DD and perhaps where they're at in their life or work with that individual (e.g., barely hanging on, feeling optimistic, overwhelmed, etc.)

Set Ground Rules (5 minutes)

- Explain the following ground rules to the group and ask if anyone has any additional rules to suggest. You may want to write these on a piece of newsprint and bring them to each session.
 - Be on time.
 - Place cell phones on silent or vibrate.
 - No talking on cell phones or texting. If you need to take a call, leave the room.
 - Be open and honest, but know that you do not need to share any personal information you are not comfortable sharing.
 - What is said in the room stays in the room.
 - Do assigned "homework."
 - Do not make up data.
 - Listen to what others are saying (no side conversations).
 - (Add any other ground rules or housekeeping items that are important to the setting or instructor.)



1. Program Overview (8 minutes)

- Targeting the Big Three has been designed for parents and caregivers of individuals diagnosed with ASDs and other developmental disabilities. It offers three distinct, scientifically-based, behavioral curricula that address three targeted problem areas.
- This six-week series is focused on the management of challenging behaviors.
- This series also offers an optional Session 3a on teaching functional communication to individuals with limited communication skills.
- Two other trainings address mealtime behaviors and teaching toileting skills.
- Some participants may attend all three training topics. Some may only choose one or two.

Workshop background:

- This workshop is intended to help caregivers learn the basics of managing challenging behaviors.
- Like the other trainings offered by Targeting the Big Three, this workshop's content is based on the science of behavior which forms the basis for Applied Behavior Analysis or ABA.
- ABA is based on the idea that all behavior serves a purpose or function. (e.g., a baby cries when it is uncomfortable – hungry or wet. The crying communicates its needs. In response, the parent attends to the baby's needs with food and a dry diaper.)
- This training will help participants understand what is motivating a challenging or inappropriate behavior and use that knowledge to motivate appropriate behavior.

During the training sessions:

- The trainer will teach behavior assessment and intervention techniques based on the principles of ABA that have been shown to change behavior.
- Participants will learn how to observe the individual's behavior and how to collect and record data so that they can create a personalized behavior intervention plan for the person they support.
- They will be asked to use the techniques with the individual and come back to class to discuss their experiences.
- Collecting data will be an ongoing homework assignment.



Program Sessions:

<p>Session 1</p>	<ul style="list-style-type: none"> • Get to know the individuals you care for • Introduce Applied Behavior Analysis and learn how to discover the purpose or “function” of someone’s challenging behavior • Define the specific target behaviors you want to improve • Set realistic behavioral goals • Learn how to collect baseline data on the target behaviors
<p>Session 2</p>	<ul style="list-style-type: none"> • Review baseline data • Learn how to determine the preferences of the individual you care for so that you can later use these preferences (either specific foods, toys, or favorite activities) to motivate behavioral change • Learn how to work with individuals using a three-step guided compliance model that allows you to offer just the right amount of help to the person you support as they learn
<p>Session 3</p>	<ul style="list-style-type: none"> • Review results of preference assessments • Determine the purpose or function of the challenging behavior of the individual you support
<p>Optional Session 3a</p>	<ul style="list-style-type: none"> • Learn how to teach individuals with limited communication skills more effective and functional communication strategies
<p>Session 4</p>	<ul style="list-style-type: none"> • Review results of Functional Behavior Assessment • Learn strategies to effectively respond to challenging behavior in ways that have been proven to help reduce the behavior • Use the data you have collected about the individual you support to develop a Behavior Intervention Plan to reduce challenging behaviors
<p>Session 5</p>	<ul style="list-style-type: none"> • Review implementation of the Behavior Intervention Plan • Modify the Behavior Intervention Plan if needed
<p>Session 6</p>	<ul style="list-style-type: none"> • Review implementation of the Behavior Intervention Plan • Modify the Behavior Intervention Plan if needed • Plan for additional follow-up consultation with the trainer



2. Caregiver Commitment (2 minutes)

[Remind participants of the need for their dedicated commitment to the learning process within this training.]

[Ask:]

- *“Take a moment to think about your commitment and your willingness to complete the required homework assignments.*
- *Does anyone have any concerns about their ability to collect the data successfully?”*

[Invite ideas from the group about what might help those caregivers with concerns to implement what they learn and to collect the necessary data. (e.g., how to plan and time their intervention sessions according to family routines and schedules, individual energy patterns, enlist help in collecting data, etc.)]

3. Describe the Individuals the Caregivers Work With (7 minutes)

[Ask:]

“Think about the individual you care for and record your responses to the questions in the Caregiver Manual.”

[Engage the group in a discussion about the individuals, using the questions in the manual as a guide (listed below).]

[Assure the participants that they need share only as much information as they wish.]

Questions:

- Describe the individual’s strengths
- Describe the individual’s areas of challenge
- Describe past behavior management training experience, include positive and negative aspects
- How does the individual communicate?

4. Functional Communication Training (Optional Session 3a)

[Instruct:]

- Functional communication training (FCT) teaches individuals who are engaging in challenging behaviors new communication methods to express themselves.
- FCT grew out of the research on functional behavioral assessment (FBA) which is used to determine the purpose of a challenging behavior.
- Once the assessment has determined the function of the challenging behavior (i.e., what the individual achieves through the challenging behavior), FCT is used to teach new communication behavior that replaces the challenging behavior.
- FCT is:
 - helpful for individuals with ASD and other DD who are engaging in challenging behaviors and lack communication skills.
 - can result in “marked reductions in the level of behavioral problems” (Carr & Kemp, 1989, p. 562).
 - can increase independence and improve the quality of life for individuals with ASD.
- Targeting the Big Three offers an optional, additional training session focused on FCT for parents and caregivers who are caring for someone with limited expressive communication skills.

[Ask:]

“Does anyone think the individual you care for would benefit from an improved ability to communicate his or her needs? Please let me know so we can schedule an additional session on FCT.”

5. Introduction to Applied Behavioral Analysis (20 minutes)

[Instruct:]

- Applied Behavior Analysis:



- is a branch of psychology which focuses on the application of the science of behavior. It is commonly referred to as “ABA.”
 - has been studied extensively and is considered by the majority of clinicians and researchers to be the most effective, evidence-based, therapeutic approach for helping individuals with ASDs gain the communicative, social, and behavioral skills they need.
 - provides a format to measure behavior, teach functional skills, and evaluate progress objectively.
 - breaks behavior down into small parts so that individuals with ASDs can learn and accomplish things easier.
-
- A great deal of material will be covered throughout this six week program.
 - One of the primary goals of this program is to teach you how to use behavioral methods.
 - The trainer will help you learn specific ABA techniques to understand and improve the behavior of the individual you care for so that by the end of this program, you are confident and successful in addressing his or her challenging behaviors.
 - It will take continued focus and practice to see long-term changes. We encourage you to remain committed to the program. With that commitment, it can and will work for you and the individual for whom you provide care.

The Function of Challenging Behavior

[Instruct:]

- Challenging behaviors, such as aggression, disruption, or self-injury are often a chief concern of caregivers of individuals with autism and other developmental disabilities.
- Many challenging behaviors are *learned* and *maintained* by what happens immediately before and after the problem behavior.
- Because they are learned behaviors, problem behaviors can be modified by manipulating or changing the situations in the environment, especially the events before and after the problem.
- In most cases, challenging behavior is seen as a way to request for a preferred outcome (e.g., access to toys, food, social interaction, or cessation of unpleasant activity). Therefore, the goal is to replace the inappropriate “request” with more adaptive (appropriate and effective) communication.

Functional Behavior Assessment (FBA)

[Instruct:]

- Functional Behavior Assessment aims to identify the reason or reasons for problem behavior.
- Functional behavior assessment for challenging behaviors includes three types of assessments. In order of increasing complexity, they are:
 - indirect,
 - descriptive, and
 - analogue (functional analysis)
- This course will examine Analogue Functional Behavior Assessment in detail in a separate session.
 - a. Indirect FBA
 - involves interviewing caregivers about the situations and settings in which challenging behavior occurs using questionnaires.
 - is considered a first step in FBA. The *Questions About Behavioral Function (QABF)* is a useful indirect FBA tool (see p. 15 C; p. 29 T)
 - b. Descriptive FBA
 - involves counting the number of times a challenging behavior occurs in the individual's natural environment (e.g. home, school, work) and
 - recording what happens before (antecedents) and after (consequences) the challenging behavior (p. 16 C; p. 30 T) for Antecedent-Behavior-Consequence Data Sheet).
 - Indirect and descriptive FBA do not always reveal the true reasons for the challenging behaviors.
 - Rather, they aim to identify patterns and correlations.
 - However, if they identify obvious conditions that are contributing to the challenging behavior, an intervention plan involving ways to encourage appropriate behavior is implemented. The plan may include modifying antecedent events, eliminating any reinforcement of (i.e., unintended rewards for) the problem behavior, and teaching more adaptive behavior.

- c. Analogue FBA (also called Functional Analysis):
- In cases where it is unclear why an individual engages in challenging behavior despite caregiver interview and direct observation in the natural setting, analogue functional assessment may be necessary.
 - Analogue functional analysis exposes the individual to situations which vary the presence and absence of social attention, preferred leisure materials, and work demands.
 - The frequency of challenging behavior is then compared across these various “conditions” to identify the reasons for the challenging behavior.
 - The changes in frequency or intensity of challenging behavior under the different conditions often explain why the behavior is occurring.
 - This finding forms the basis for an individualized behavior intervention plan.
 - In this training we will use several key terms repeatedly. It is important that you are comfortable with these terms.

Key Terms	
Applied Behavior Analysis (ABA)	The scientific study of behavior through measuring and evaluating behavior, and applying interventions to improve socially significant behaviors (e.g., school performance, communication skills, social skills, adaptive skills).
Functional Behavior Assessment (FBA)	An assessment process used in Applied Behavior Analysis to identify the functions of an individual’s behaviors.
Functional Analysis (FA)	Can be part of a Functional Behavior Assessment and is used when the function of a behavior remains unclear through indirect and descriptive behavior assessment. FA involves manipulating certain variables in order to identify the function/reasons for a behavior.



[Introduce the QABF and the ABC Data Sheet as tools the participants will be using to start the FBA process for the individual they support. Teach participants how to complete both the QABF and the ABC Data Sheet, making sure to answer any questions that may arise.]

[Ask:]

“Does anyone have any questions about these two forms?”

[Be sure all participants are confident in their ability to use these forms.]

[Say:]

“Your manuals contain a sample of items from the QABF, which is a copyrighted document. I will give you the full QABF questionnaire to complete at home.”

QUESTIONS ABOUT BEHAVIORAL FUNCTION (QABF)

Name: _____ Age: _____ Gender: _____ Race: _____
 Level of MR: (circle 1) mild moderate severe profound unspecified _____
 Target behavior (one behavior per form): _____

*Use the following scoring key for each item:
 3 = often, 2 = sometimes, 1 = rarely, 0 = never, n/a = not applicable*

Rating

1. Engages in the behavior to get attention.	
2. Engages in the behavior to escape work or learning situations.	
3. Engages in the behavior as a form of “self-stimulation”.	
4. Engages in the behavior because he/she is in pain.	
5. Engages in the behavior to get access to items such as preferred toys, food.	

Note: The first five items of the QABF are shown here. The QABF is a copyrighted material and it is unlawful to reproduce without the author’s permission. You may purchase copies of the QABF by contacting Dr. Johnny Matson at: <http://www.disabilityconsultants.org/>. This portion was reproduced with permission.

Instruction: Moving from left to right across the table below, place the score for each question in the corresponding boxes. Add the scores to obtain a total score for each function:

Access to Attention		Escape from Demand		Automatic/Sensory		Physical Pain		Access to Things	
Item#	Score	Item#	Score	Item#	Score	Item#	Score	Item#	Score
1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
Total=		Total=		Total=		Total=		Total=	



Antecedent-Behavior-Consequence (ABC) Data Sheet
Direct Functional Assessment

Date/ Time	Antecedent (Before)	Challenging Behavior	Consequence (After)
<i>Example:</i> <u>9/10/2010</u> mo/day/year <u>9</u> AM <u> </u> PM	Making an error Parent request or demand Child/individual request or demand Transition to another setting Transition to a different activity Social Interaction with others Playing alone Item/food removed Wanting things done "his way"	Aggression Disruption Self-injury Tantrum Non-compliance Property destruction Elopement (walking away)	Praise Change task or activity, redirection Reprimand Prompt Ignore Reward removed Demand (work/task) removed
<u> </u> / <u> </u> mo day <u> </u> AM <u> </u> PM			
<u> </u> / <u> </u> mo day <u> </u> AM <u> </u> PM			
<u> </u> / <u> </u> mo day <u> </u> AM <u> </u> PM			
<u> </u> / <u> </u> mo day <u> </u> AM <u> </u> PM			
<u> </u> / <u> </u> mo day <u> </u> AM <u> </u> PM			



Why do we Care About the Function of a Problem Behavior?

[Instruct:]

- Taking the time to understand exactly what is causing or motivating an individual's behavior allows us to respond to that behavior with an intervention that is meaningful and effective for that individual.
- It also allows us to respond to challenging behaviors with positive interventions that will teach more effective ways to meet the individual's needs.
- Failure to base behavioral intervention on the specific cause (function) very often results in ineffective and unnecessarily restrictive procedures for individuals with autism and other developmental disabilities.
- Consider an individual who has learned that hitting a caregiver is an effective way of avoiding or escaping unpleasant tasks, such as brushing his teeth. Using time-out in this situation would provide the individual with exactly what he wants (avoiding brushing teeth) and is likely to make the problem worse, not better, because the next time the caregiver insists on brushing, he will resort to hitting because that is what got him out of that situation consistently and successfully in the past. He may even exhibit new challenging behaviors if the caregiver doesn't give-in quickly enough in an attempt to escape the unpleasantness of brushing teeth.

Other Factors May Affect Behavior (5 minutes)

[Explain that outside factors may also contribute to challenging behaviors.

Refer participants to the list in their manual and provide examples from your experience of how these kinds of things can affect behavior.]

[Ask:]

- *“Can anyone add to this list? Record those examples in your manual.*
- *Does anyone have an experience that demonstrates how other factors can contribute to problem behavior?”*
 - Medical complications (e.g., ear infection, tooth ache, stomach pains, etc.)
 - Sleep, fatigue
 - Hunger, satiety



- Number of people present
 - Staffing patterns and changes
 - Time of day
 - Location and setting
 - Loudness of the room
-
- Carefully considering these types of factors and how they may be affecting someone's behavior can sometimes reveal simple actions caregivers can take to support improved behavior.

[Share examples of this from your own work if appropriate.]

A Word About Medication

[Ask:]

“How many of the individuals you care for are taking medication?”

[If participants indicate that they support an individual who is also taking medication for behavior control purposes, explain the importance of having the individual remain on the same dose of the current medication during the assessment phase of the functional analysis process. No changes should be made to the individual's medications during the functional analysis.]

[Instruct:]

- If medication changes are inevitable, wait until the individual has stabilized (usually 2-4 weeks for psychotropics) before initiating functional analysis. This is due to possible changes in the frequency of challenging behavior and the behavioral function due to medication effects.

6. Identifying and Defining Target Behaviors (10 minutes)

[Describe why it is important to identify target behaviors and establish goals:]

- Identifying and defining specific target behaviors allows caregivers to think about which particular behaviors are the most important to address. This process helps the caregiver to determine priorities.



- Knowing exactly which behaviors you want to address also helps the caregiver collect relevant baseline data and clearly measure progress once intervention begins.

[Lead participants through the exercise of defining target behaviors using the examples of challenging behavior contained in their manual:]

“Let’s turn to page 18 on “Identifying and Defining Target Behaviors” in your manual and read through the examples of common challenging behaviors that some of the individuals you support may be demonstrating. As we review these examples, please circle any relevant behaviors that the individual you support displays currently.”

[Ask participants to share their lists. Trainers should provide feedback on how the caregivers defined each target behavior and/or selected from among several behaviors the most important ones to work on.

Have participants list and describe in the chart in their manual on p. 20 C (p. 35 T) the top three behaviors displayed by the individual they support that they would like to target for intervention.]



Examples of Challenging Behavior

Self-injurious behavior (challenging behavior directed at himself)

- biting self
- eye poking
- hand-to-head hitting
- head banging (floor, wall)
- hitting self
- pulling own hair
- punching self
- skin picking
- body slamming
- other: _____

Aggression (challenging behavior directed at another person)

- biting others
- grabbing others
- hair pulling
- head butting others
- hitting others
- kicking others
- pinching or scratching others
- pulling or pushing others
- punching others
- slapping others
- throwing objects at others
- other: _____

Disruption (challenging behavior directed at objects)

- banging on objects
- clearing objects from tables
- kicking objects
- screaming, yelling
- tearing objects (such as paper, clothes)
- throwing objects (including furniture)
- other: _____

Noncompliance (refusal to complete requests)

- whining and/or crying when asked to do something
- becoming aggressive when told to do something
- becoming disruptive when told to do something
- dropping to the floor when asked to do something
- engaging in self-injurious behavior when asked to do something
- other: _____

List the top 3 target behaviors you are concerned about for the individual to whom you provide care. Describe them in detail. What do they look like?

Target Behavior	Description
1.	
2.	
3.	

7. Collecting and Displaying Data to Track Progress (8 minutes)

[Instruct:]

- Carefully observing the individual you work with and recording information about that person’s behavior is the foundation of all we will do in this course. The data will determine what you do to improve that person’s behavior.
- By collecting data using the forms provided in your manual, you will:
 - Determine the baseline (current) level of the behavior
 - Determine if an intervention technique is working to reduce the behavior
 - Be able to see your progress so that you will keep going.
- The results of all the intervention techniques will be recorded in the data you collect and bring to class.

[Introduce and explain how to use the Baseline Data Sheet.]

Baseline Data Sheet

Caregiver Name: _____

Date: ___ / ___ / _____

Direction: Use this data sheet to track baseline levels of challenging behavior. Each session is 10 minutes, defined as the duration of time you dedicate to observation. You may conduct as many sessions as you wish per day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same number of sessions per day to keep things consistent. Label the target behaviors in each column (from p. 20 C; p. 35 T). Use tick marks to count the frequency of challenging behaviors. Return this sheet to your workshop trainer.

Example:

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
8/27/10	1	9 am				4
8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					

Privacy and Confidentiality

[Say:]

- *“This data sheet and all other data sheets will be coded so that the results of this training program may be summarized anonymously.*
- *Your name or the names of the individuals you care for will not be disclosed in any way. You will be assigned an alphabet letter code, which will be kept secret and known only to myself.”*

[Instruct:]

- The data collected will be coded like this:

Name of DDSO or voluntary agency – Trainers’s Initials – Participant Code – Age of the individual you care for

Example: Staten Island - HY - A – 17

[Ask:]

“Does anyone have any questions about how to use the Baseline Data Sheet or how we will keep the data confidential?”

[Be sure all participants are confident they can use the Baseline Data Sheet.]

8. Setting Realistic Behavioral Goals (5 minutes)

[Instruct:]

- Setting goals allows us to objectively measure progress toward an identified desired outcome.
- It also allows caregivers and parents to ask, “What behavioral changes would really make the greatest improvements in our lives together?” It allows them to identify what really matters.



- For instance, it may be more important to address a behavior such as throwing things during a classroom activity than to address that person’s tendency to stand up during meals.
- Being realistic at the outset is crucial.
- It can help parents and caregivers appreciate that they are making small yet meaningful changes in their lives and the lives of the individual they care for.
- Making goals *realistic* means they are achievable.
- Being realistic keeps the picture positive. It focuses attention on progress towards a goal, rather than perfection.

[Ask:]

“What do you hope to achieve as a result of learning how to intervene effectively with problem behaviors?”

(Example: decrease challenging behaviors from 5 per day to 2 per day; increase compliance from 25% to 50%)

[Instruct the participants to complete the target behaviors chart on p. 24 C (p. 38 T) in their manual. Circulate throughout the room and assist as necessary.]

List the behavioral goals for the individual to whom you provide care:

Target Behavior	Behavioral Goal
1.	
2.	
3.	

9. Review and Homework (5 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]



[Ask:]

“Okay, who can tell me, in plain language, something you learned today?”

[Be sure to let them know all they accomplished:]

- Got to know each other
- Received an overview of the workshop and its six sessions
- Learned the basic concepts of Applied Behavior Analysis

Good review questions might include:

- Why do we care about the purpose or function of behavior?
- What is ABA?
- What is FBA?

- Identified and defined target behaviors
- Set realistic goals for improvement
- Learned how and why we collect data

[Walk participants through “Are you ready for your homework” in their manual.]

Are you ready for your homework?

- *“Do you have any questions about FBA?”*
- *Have you clearly defined each target behavior and set a realistic goal for each behavior?*
- *Do you feel ready to conduct the Indirect and Descriptive FBA using the QABF and ABC Data Sheet? If not, what are your concerns?*
- *Do you feel ready to collect baseline data using the Baseline Data Sheet? If not, what are your concerns?”*

[Ask:]

“Does anyone have any questions at all?”

[Say:]

*“**Remember:** You know the individual best. You are the best person to document his or her behavior. Writing it down is the first step to improving his or her behavior. Bring your completed worksheets with you to the next session.”*

Homework

- Conduct Indirect and Descriptive FBA by completing the QABF and ABC Data Sheet
- Collect Baseline Data on Target Behaviors using the Baseline Data Sheet

Send Off

[Say:]

- *“Some of you may be participating in Session 3a on Functional Communication Training. See me after class to discuss scheduling this additional session.*
- *In Session 2, we will learn how to determine an individual’s preferences so that we can use what she likes to motivate changes in her behavior. We will also learn how to provide the right amount of assistance to the individuals as they learn.”*

[Thank the participants for their attention and dedication to the program.

Dismiss them with encouragement.]

END OF SESSION 1

Session 2: Preference Assessment

Preparing for this Session

Purpose – In this session you will:

- Discuss baseline data collected (QABF, ABC Data Sheet, and Baseline Data Sheet)
- Teach participants how to conduct two types of Preference Assessments (toy/leisure items & edibles)
- Teach participants how to assist individuals with a 3-Step Guided Compliance Model (Tell-Show-Do)
- Prepare participants to complete homework

At the conclusion of Session 2, you will review each of these accomplishments with the participants.

To Prepare:

- Read through the entire session in the Trainer Manual
- Review the Baseline Data Sheet
- Assemble the example reinforcers you will bring to class for the Role Plays (for both Tangible Paired Choice and Edible Paired Choice Preference Assessments)
- Prepare Role Plays for Preference Assessments; know how you will conduct this segment of the class
- Assemble the props you will use for the 3-Step Guided Compliance (Tell-Show-Do) Role Plays
- Prepare Role Plays for the Tell-Show-Do model; know how you will conduct this segment of the class

Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / ____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

1. Review (10 minutes)

[Instruct:]

Last session, we:

- Learned the basic concepts of Applied Behavior Analysis

Good review questions to ask might include -

- Why do we care about the purpose or function of behavior?
- What is ABA?
- What is FBA?

- Identified and defined target behaviors
- Set realistic goals for improvement
- Learned how and why we collect data
 - Why is data so important to this process?

[If participants struggle to answer the review questions, provide the answers for them. Remind them of the concepts of ABA and the purpose of the process of FBA.]

Remind them of the importance of collecting data: ***information (data) empowers them to change the individual's behaviors.***]

[Instruct:]

In today's session, we will:

- Discuss baseline data collected
- Learn how to conduct two types of Preference Assessments (toy/leisure items & edibles)
- Learn how to assist individuals with a 3-Step Guided Compliance Model
- Prepare to complete homework



2. Discuss Baseline Data Collected Since Session 1 (15 minutes)

[Say:]

“Since our last session, you have been collecting and recording baseline data about the individual’s behavior. Please take out your Baseline Data Sheet.”

[Ask the participants to quietly answer the questions in the caregiver manual. After a few minutes, read each question and discuss as a group:]

- a. What was your experience completing the QABF? Was it easy or difficult to do? What were your obstacles?
- b. In completing the QABF, what did you learn about the individual you care for? Did it show you any patterns of behavior you hadn’t realized before? What are they?
- c. What was your experience completing the ABC Data Sheet? Was it easy or difficult to do? What were your obstacles?
- d. What patterns did you notice related to the target behaviors?
- e. What was your experience collecting baseline data on the target behaviors? Was it easy or difficult to do? What were your obstacles?
- f. Did you notice any patterns in the baseline data that tell anything about the behavior? What did you notice?
- g. Now that you have some data about the target behaviors, are your stated goals still appropriate? If not, take a few minutes now to go back and adjust them.

[Spend a few minutes brainstorming solutions to any obstacles mentioned. Ask the group members for ideas. Provide helpful suggestions. For example, it may be helpful to enlist someone’s assistance in recording occurrences. It may be helpful to change the time of day of the observation, or to have additional people who know or work with the individual complete the QABF and ABC Data Sheet, etc.]

3. Preference Assessment (40 minutes)

[Instruct:]

- Individuals with autism and other developmental disabilities sometimes are not able to tell you what things they like or dislike.
- Behavior analysts have developed preference assessments to help identify people’s preferences so that the things they like can be used to motivate or “reinforce” appropriate behaviors.
- The three most common types of preference assessments include Single Item, Paired Choice or Group-Items.
- This training will focus solely on “Paired Choice Preference Assessment.”
- You will learn how to conduct a Paired Choice Preference Assessment using a variety of highly-preferred things (toys, leisure time, and favorite activities) and also using food items (known as an Edible Paired Choice Preference Assessment).
- It is important that the individual does not have what we refer to as “free access” to the items that will be used as reinforcers (e.g. if music is a reinforcer and the individual has music available to him all day long, then he is less likely to work for music, and it will lose its reinforcing value).
- The items that act as reinforcers for the individual’s behavior will also change over time. Because of this, it is important to rotate reinforcers so that the individual does not get tired of one reinforcer.

Key Terms	
Preference Assessment:	a procedure used to help identify an individual’s preference for objects or activities. The things they like can then be used to reinforce appropriate behaviors.
Reinforcer:	something that increases a behavior. Reinforcement (delivering reinforcer) is the best way to teach good behavior and promote lasting change.

[Explain:]

To conduct a Paired Choice Preference Assessment, you will need the following supplies: preferred items and a data sheet.

[Walk the group through the steps of Paired Choice Preference Assessment:]

Tangible Paired Choice Preference Assessment

1. List 6 items the individual highly prefers, such as toys, leisure time (e.g., computer game or TV time), or activities (e.g., games, hi-five, social interactions). If none can be identified, conduct a direct observation of the individual for a day to gather information about the things he enjoys doing during free-time. Such items should be highly desirable and easy to supply *and* withhold. Record the items you have identified in the chart on p. 30 C (p. 48 T) of your manual. To help you keep track during presentations, it may be useful to label the items #1-6 using a sticker or small Post-it Note.

List of Preferred Items to Assess

Item 1	
Item 2	
Item 3	
Item 4	
Item 5	
Item 6	

2. Set aside time to conduct the assessment without distractions or interruptions.
3. Provide the individual with a brief sampling of each item
 - a. If the item is leisure time or activity (e.g., working on the computer), the individual should be given about 10-15 seconds to engage in the activity.
 - b. If the item is an object (e.g., stuffed toy), the individual should be given about 10-15 seconds of access to the object.
4. Of the 6 items, present sets of two items at a time to the individual (the caregiver can hold the two items in her hand, or display them on a table or floor, whichever is more convenient). For a leisure time or activity, a photograph (or Picture Exchange Communication System, PECS) may be substituted to represent the leisure time or activity during this presentation.
5. Say the name of each item and then provide the verbal prompt, “pick one.” (example: “ball, puzzle, pick one”)
6. Ask the individual to select one of the two items by touching, looking, pointing, or by picking it up.

7. If the individual selects an item, immediately remove the other non-selected item from sight.
 - a. Do not provide praise for making a choice.
 - b. Block any attempts to touch (or gain access to) both items simultaneously.
 - c. Record the individual's choice on the data sheet.
8. If the individual doesn't make a choice for more than 5-10 seconds, remove the two items and record that the individual did not select an item.
9. Using the Paired Choice Item Presentation Sequence on p. 32 C (p. 49 T) in your manual, continue to present sets of two items until all items have been paired with one another.

[Explain that because some individuals with autism and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following pairs were pre-determined to account for such possibility.]

[Explain how to use this sequence chart.]

Paired Item Presentation Sequence

The first item should always be presented on your left.

Trial	Pairing of items Left ← → Right	Item Selected by the Individual		
1	Item 1 & Item 2	1	2	No Response
2	Item 2 & Item 3	2	3	No Response
3	Item 3 & Item 4	3	4	No Response
4	Item 4 & Item 5	4	5	No Response
5	Item 5 & Item 6	5	6	No Response
6	Item 1 & Item 3	1	3	No Response
7	Item 4 & Item 2	4	2	No Response
8	Item 3 & Item 5	3	5	No Response
9	Item 6 & Item 4	6	4	No Response
10	Item 1 & Item 4	1	4	No Response
11	Item 5 & Item 2	5	2	No Response
12	Item 3 & Item 6	3	6	No Response
13	Item 5 & Item 1	5	1	No Response
14	Item 2 & Item 6	2	6	No Response
15	Item 6 & Item 1	6	1	No Response

[Ask:]

“Does anyone have any questions about how to present the pairs of items to the individual?”

- Rank order the individual’s preferences by: (a) calculating the number of times that the individual *selected* an item, (b) divide that number by 5, then (c) multiplying that number by 100. Record the results in the chart on p. 32 C (p. 50 T) of your manual.

[Next, explain how to tally results]

From the chart above, count the number of times the individual selected an item, divide it by 5, then multiply that number by 100 to obtain a percentage.

Example: Item 1 selected 3 times out of 5 opportunities ($\frac{3}{5} \times 100 = 60\%$)

- ✓ Item 1 selected _____ times out of 5 opportunities (/5) x 100 = _____ %
- ✓ Item 2 selected _____ times out of 5 opportunities (/5) x 100 = _____ %
- ✓ Item 3 selected _____ times out of 5 opportunities (/5) x 100 = _____ %
- ✓ Item 4 selected _____ times out of 5 opportunities (/5) x 100 = _____ %
- ✓ Item 5 selected _____ times out of 5 opportunities (/5) x 100 = _____ %
- ✓ Item 6 selected _____ times out of 5 opportunities (/5) x 100 = _____ %

Items that are selected at least 80% or above are considered possible reinforcers. If the items selected were all *less* than 80%, use the top two most preferred items. These items are the potential reinforcers you will want to use during behavioral interventions.

Before the next session, your homework will be to use these preferred items in paired trials to determine your individual’s preferences following the presentation of items table on p 32 C (p. 48 T). Be sure to record the results of this assessment in the results table on p. 32 C (p. 50 T) and bring it with you to Session 3.

Role Play

[With a volunteer and the example items you brought to class, role-play a preference assessment and demonstrate the use of the pair presentation sequence chart and recording of the data.]

[Ask a pair of caregivers to do a role play in front of the group. Advise them as they work through a preference assessment using 4-5 items.]

[Ask:]

“Does anyone have any questions on how to complete the paired-choice preference assessment?”

[Instruct:]

Edible Paired-Choice Preference Assessment

- Individuals with autism and other developmental disabilities sometimes are not able to tell you what kind of foods they like or dislike.
 - Behavior analysts have developed an edible preference assessment to help identify foods that can be used in modifying challenging behavior.
 - Thus, the purpose of an edible paired choice preference assessment is to identify and rank order potential edible reinforcers that will be used to motivate the individual.
 - Explain: You will need the following supplies: data sheet, food and/or beverage, spoons, cups, plates, napkins, bib (if necessary)
 - Walk the group through the following steps to an Edible Paired Choice Preference Assessment.
1. Using the “List of Foods to Assess” table on p. 34 C (p. 51 T), list 6 edibles the individual consistently consumes or highly prefers. It may be useful to number each food item using a sticker or a small Post-it Note to help you keep track during the presentation.

List of Foods to Assess

Food 1	
Food 2	
Food 3	
Food 4	
Food 5	
Food 6	

2. Set aside time to conduct the assessment without distractions or interruptions.
3. Provide the individual with a *tiny* taste sampling of each food or beverage just prior to conducting this assessment.

4. Using the Paired Food Item Presentation Sequence below, present sets of two foods (tiny bite or sip) at a time to the individual (the caregiver can hold the two spoons, or place them on a plate, whichever is more convenient). Say the name of each food and then provide the verbal prompt, “Pick one.” (example: “peaches, chicken nugget, pick one”).

[Explain how to use the Paired Food Item Presentation Sequence chart.]

Paired Food Item Presentation Sequence

Because some individuals with autism and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following pairs were pre-determined to account for such possibility.

The first item should always be presented on your left.

Trial	Pairing of Foods Left ← → Right	Food Selected by the Individual		
1	Food 1 & Food 2	1	2	No Response
2	Food 2 & Food 3	2	3	No Response
3	Food 3 & Food 4	3	4	No Response
4	Food 4 & Food 5	4	5	No Response
5	Food 5 & Food 6	5	6	No Response
6	Food 1 & Food 3	1	3	No Response
7	Food 4 & Food 2	4	2	No Response
8	Food 3 & Food 5	3	5	No Response
9	Food 6 & Food 4	6	4	No Response
10	Food 1 & Food 4	1	4	No Response
11	Food 5 & Food 2	5	2	No Response
12	Food 3 & Food 6	3	6	No Response
13	Food 5 & Food 1	5	1	No Response
14	Food 2 & Food 6	2	6	No Response
15	Food 6 & Food 1	6	1	No Response

5. If the individual selects one by pointing or taking the spoon, immediately remove the other food from sight and allow him 30 seconds to consume the bite (or drink).
 - a. Do not provide praise for making a choice
 - b. Block any attempts to gain access to both edibles simultaneously.

6. If the individual doesn't make a choice for more than 10 seconds, remove the two foods and record that the individual did not make a choice. Move on to next food presentation.



7. Ignore undesirable behaviors such as spitting out the food (expelling), or refusal or disruptive behaviors.
8. Using the chart on the next page, continue to present sets of two choices until all choices have been paired with one another.

On the Paired Food Item Presentation Sequence, count the number of times the individual selected the food, divide that by 5, then multiply that number by 100 to obtain percentage.

Example: Food 1 selected 5 times out of 5 opportunities $(\frac{5}{5}) \times 100 = 100\%$

- ✓ Food 1 selected _____ times out of 5 opportunities (____ /5) x 100 = _____ %
- ✓ Food 2 selected _____ times out of 5 opportunities (____ /5) x 100 = _____ %
- ✓ Food 3 selected _____ times out of 5 opportunities (____ /5) x 100 = _____ %
- ✓ Food 4 selected _____ times out of 5 opportunities (____ /5) x 100 = _____ %
- ✓ Food 5 selected _____ times out of 5 opportunities (____ /5) x 100 = _____ %
- ✓ Food 6 selected _____ times out of 5 opportunities (____ /5) x 100 = _____ %

9. Foods that are selected at least 80% or above are considered possible reinforcers. If the foods selected were all less than 80%, use the top two most preferred foods.

List highly preferred foods (Foods that are selected at least 80% or above are usually considered reinforcers):

These highly preferred food items are the edible reinforcers you will want to use during behavioral interventions.

Role Play

[With a volunteer and the example items you brought to class, role-play an edible paired-choice preference assessment and demonstrate the use of the edible pair presentation sequence chart and recording of the data. Be sure to demonstrate how to handle the more difficult situations (e.g., no response, refusals, attempts to get both food items, etc.)]

[Ask a pair of caregivers to do a role play in front of the group. Advise them as they work through a preference assessment using 4-5 potential edible reinforcers.]

[Ask:]

“Does anyone have any questions?”

4. Three-Step Guided Compliance (Tell, Show, Do) (15 minutes)

[Instruct:]

- Although it is much easier for you to do things for the individual (especially when you're in a hurry), in the long-run, it will only make her more dependent on you.
- Three-step guided compliance is a way for you to teach the individual what you want her to do by first telling, then showing, and then guiding or helping her “do” it herself.
- If you use this procedure consistently, you will find that the individual requires less assistance to complete tasks over time. Obviously this procedure must take into consideration the individual's cognitive and physical capacity for completing the task so keep this in mind when determining if this is an appropriate strategy or not.

[Walk the group through the following steps of the Three-Step Guided Compliance Strategy:]

General Procedure

1. State the individual's name.
2. Tell her what you want her to do. State the request clearly so that the individual knows exactly what she is supposed to do. Say the request as briefly and specifically as possible. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
3. If the individual complies, praise. State exactly what she did that you liked.
4. If the individual does not comply, repeat the request with a demonstration. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
5. If the individual complies, provide brief praise.
6. If the individual does not comply, physically guide her. Do not provide praise.
7. Always use the minimum amount of physical contact necessary for the request to be completed.



- 8. Never “give in” or complete the request yourself.
- 9. Remember, this strategy is not intended to be punitive or harsh.

1. TELL me (verbal instruction) → wait 5-10 sec → praise abundantly if compliant.

If not →

2. SHOW me (model)→ wait 5-10 sec → praise briefly if compliant.

If not →

3. Help me DO it (physical guidance) → no praise

Role Play

[Using Tell-Show-Do, role play with one participant teaching a simple task such as pushing a chair.]

[Ask another pair of participants to role play teaching another task such as putting a pencil down when done.]

[Ask participants to work with each other on similar role plays (other examples include combing one’s hair, putting on shoes, zippering a jacket, etc). Circulate around the room and observe/comment on their role playing.]

[Ask:]

“Does anyone have any questions about this strategy or how and when it may be appropriate?”

5. Review and Homework (8 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

“Okay, who can tell me, in plain language, something they learned today? “



[Be sure to let them know all they accomplished.]

In today's session, we:

- Discussed the baseline data you collected
- Learned how to conduct two types of Preference Assessments
 - Good questions to ask might include -
 - “Who can name the two types of Preference Assessment we learned?”
 - “Why do we do Preference Assessments?”
- Learned how to teach individuals with Tell-Show-Do
 - A good question might be:
 - “Why do we use Tell-Show-Do?”
- Prepared to complete Session 2 homework

[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Say:]

- *“Do you have any questions about Preference Assessment?”*
- *Do you feel ready to conduct the Preference Assessments? If not, what are your concerns?*
- *Does anyone have any questions at all?”*

Homework

- Conduct Tangible Paired-Choice Preference Assessment
- Conduct Edible Paired-Choice Preference Assessment

Send Off

[Say:]

“In Session 3, we will learn how to determine the function (i.e., the purpose) of an individual's behavior by conducting a third type of FBA called “analogue FA.”



[Thank the participants for their attention and dedication to the program.]

[Dismiss them with encouragement.]

END OF SESSION 2



Session 3: Analogue Functional Analysis

Preparing for this Session

Purpose – In this session you will:

- Discuss the results of participants' preference assessments
- Teach participants how to determine the purpose or function of the challenging behavior of the individual they work with.

At the conclusion of Session 3, you will review each of these accomplishments with the participants.

To Prepare -

- Read through the entire session in the Trainer Manual
- Assemble the example reinforcers and props you will bring to class for the Role Plays
- Prepare Role Plays for the analogue FA; know how you will conduct this segment of the class
- Assemble extra data sheets and pencils for participants to use in the analogue FA Role Plays

Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / _____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

1. Review (5 minutes)

[Instruct:]

Last session, we:

- Discussed the baseline data you collected
- Learned how to conduct two types of Preference Assessments
 - Good review questions to ask might include –
 - What are the two types of preference assessments?
 - Why do we do a preference assessment?
- Learned how to assist individuals with Tell-Show-Do
 - Who remembers how Tell-Show-Do works?
- Prepared to complete Session 2 homework

[If participants struggle to answer the review questions, provide the answers for them.]

[Remind them of the purpose of preference assessment and how to use Tell-Show-Do.]

[Remind them of the importance of collecting data (in this case, the preference assessments): **information (data) empowers them to change the individual's behaviors.**]

[Instruct:]

- In today's session, we will:
 - Discuss the results of your preference assessments
 - Learn how to determine the purpose or function of the challenging behavior of the individual you work with.

2. Discuss Results from the Preference Assessments (15 minutes)

[Say:]

“Since our last session, you have conducted two types of preference assessments. Please take out your Preference Assessment Results.”



[Ask the participants to quietly answer the questions in the caregiver manual. After a few minutes, read each question and discuss as a group:]

- What was your experience completing the preference assessments? Were they easy or difficult to do?
- In completing the preference assessments, what did you learn about the individual you care for? Did it show you any preferences you weren't aware of before?

[Ask:]

“Did everyone find at least a couple of items or foods that can be used to motivate the person you care for?”

[If some did not, ask them to see you after the class to discuss how they might try again to conduct a successful preference assessment.]

3. Analogue Functional Behavior Assessment (30 minutes)

[Instruct:]

- The purpose of Functional Behavior Assessment is to identify variables (e.g., circumstances, your reactions to the behavior, etc.) that maintain the individual's challenging behaviors.
- In Session 2, we identified three types of FBA: Indirect, Descriptive and Analogue. When you completed the QABF and the ABC Data Sheet, you did the first two types.
- This session will focus on the third type, Analogue Functional Analysis.
- In Analogue FA, you will be “testing” the individual's behavior in response to certain situations that you set up.
- Each situation will be designed to determine if the behavior is an attempt to achieve a certain desired outcome: attention, an object, to avoid completing a demand placed on him, to seek sensory feeling, or to get someone else to do something.
- This FA (which will be this week's homework) is a critical step in learning why a person is behaving the way they are. It will tell us what we need to do to change their behavior and ultimately, improve their life.
- The instructions for testing each condition are contained in your manual. They are very specific and clear. It is important that you follow the steps in the order they are listed and record the reaction of the individual on the data sheets.

Maintaining Safety

[Instruct:]

- Safety for you and the individual you are caring for should be the utmost concern.
- It may be necessary to use protective equipment (e.g., protective gloves or clothing for you such as “under armor” to prevent injury from pinching or scratching; arm/leg guards for you if you’re working with an individual who exhibits aggression such as kicking and biting others).
- If a physician has ordered that specific *mechanical devices* be used with the individual for health and safety reasons (e.g., a helmet for a person who displays head banging, arm splints/sleeves for a person who hits themselves or digs/scratches at their skin/eyes/nose, etc.), that equipment may affect how you conduct the FA.

[Ask:]

“Does anyone here work with an individual who requires special mechanical devices?”

[If yes, discuss the device and how the FA procedures may need to be modified for that individual.]

Session Length

[Instruct:]

- The analogue FA process is very structured, and the length of each session should be carefully considered based on your time availability as well the tolerance level of the individual being assessed. Each tested situation or condition is typically 10 minutes in length, but can be shorter or longer (5 minutes, 15 minutes, etc.) depending on the above factors.
- The important point is that the duration of the testing session should remain *consistent* throughout the *entire* functional analysis.
- Use a timer or a stopwatch for accuracy in time keeping.



Conducting Analogue FA

[Instruct:]

- There are several standard conditions that are tested in analogue FA. You may select which conditions to test based on the results of the indirect (QABF) and/or descriptive (ABC data) FBAs.
- Typically, each condition should be tested at least 3 times in a natural environment (classroom, home, work) with minimal distraction. Conditions should most closely represent the individual's "real life." In other words, the free-time condition should be tested in a leisure environment, and the demand condition should be tested in an instructional or work setting. If only one room is available, use different space in the room or rearrange the room for each condition.
- Present each of the 6 possible "conditions" to be assessed, reminding participants that the condition(s) they should assess are those that are indicated based on the results of their indirect and/or descriptive FBA results.



**Is the behavior an attempt to avoid complying with a demand?
(Testing for the “Demand Condition”)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting and throwing) to escape or avoid something he is asked to do (i.e., a demand that is placed upon him). A 3-step guided compliance (Tell-Show-Do) is used (see p. 37 C; p. 54 T).

[Ask:]

“Does anyone think they will be assessing this condition based on your FBA results so far?”

Materials: Work materials or classroom task from IEP, timer, data sheets

Setting: The individual and caregiver are seated at the table. Caregiver presents demands using 3-step guided compliance consisting of Tell-Show-Do. A new prompt is given every 30 seconds with 5-10 seconds between the verbal, gestural, and physical prompts (Tell-Show-Do).

1. Give the individual a verbal demand (such as “point to your head”).
2. If the individual complies, simply tell him “good job” and immediately present a new demand.
3. If he does not point to his head, *show* him what you want him to do and say “point to your head like this”
 - a. If the individual completes the demand after either of these 2 prompts (Tell-Show), provide him with praise (“good job”). Immediately present a new demand.
 - b. If the individual does not point to his head after the 2 prompts (Tell-Show), take his hand and physically guide him to point to his head and say “point to your head, like this.” Immediately present a new demand.
4. If the individual engages in challenging behaviors (i.e. those target behaviors you have identified as problematic):
 - a. While you are presenting the demand: Say “okay, you don’t have to,” while removing demand materials (if any).
 - b. Turn away and do not directly look at individual.
 - c. Do not give another demand for 30 seconds.



- d. During 30-second break period: Ignore and do not look at individual. Continue to score target behaviors on the data sheet during the break period.
- e. If at any time during the demand the individual hits, throws objects, or otherwise engages in a challenging behavior, take the work materials away and give him a break.
- f. After 30 seconds of break, present a new demand again until the 10 minute assessment period is up.

**Is the behavior an attempt to get something she wants?
(Testing for the “Access to Tangible” Condition)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting, throwing) to get something she wants (access to objects or activities).

[Ask:]

“Does anyone think they will be assessing this condition based on your FBA results so far?”

Materials: preferred items from preference assessment, timer, and data sheets

Setting: The caregiver and individual are in the room. The caregiver holds the preferred leisure items. Do not provide social attention or interact with the individual.

1. Give the individual a preferred item for 2 minutes and allow her to freely play with it (no data are collected at this time). Ignore her during this 2 minutes.
2. When the 2 minutes is over, take the item away. Do not say anything to the individual or look at him. Begin taking data.
 - a. If the individual engages in challenging behaviors (i.e. those target behaviors you have identified as problematic): say “okay” and return the toy to the individual for 30 seconds. Caregiver provides no social attention and does not interact with the individual.
 - b. If the individual engages in any other behaviors, ignore them. Ignore all other behaviors; do not talk to the individual or interact with her.
3. After 30 seconds, take away the item again.
4. Each time the individual engages in a challenging behavior (e.g., hits, throws objects), give the preferred item back to her for 30 seconds until 10 minutes is up.



**Is the behavior an attempt to get attention?
(Testing for the “Access to Social Attention” Condition)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting, throwing objects) to gain attention and interaction. Note that even negative attention (e.g., “Don’t do that!”) is social attention.

[Ask:]

“Does anyone think they will be assessing this condition based on your FBA results so far?”

Materials: Magazine, chair, less preferred leisure items (bottom 2 items from the preference assessment), timer, and data sheets

Setting: The caregiver sits in chair reading a magazine or talking to another person (or talking on the telephone). The individual’s least preferred leisure items are present in the room.

1. Caregiver pretends to be busy.
2. Tell the individual that you have some work to do and that he may play with the toys.
3. If the individual engages in challenging behaviors (i.e. those target behaviors you have identified as problematic), provide brief social attention (e.g., “Don’t do that! You’ll hurt yourself”). The caregiver should continue to ignore the individual, except for when he engages in challenging behavior. Caregivers should attend to each target behavior until 10 minutes is up.
4. If the individual engages in *any other behaviors*, ignore them.



**Is the behavior an attempt to get someone else to do something?
(Testing for the “Mands” Condition)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting, throwing) to get others to do things her way. This motivation is also known as “Mands.”

[Ask:]

“Does anyone think they will be assessing this condition based on your FBA results so far?”

Materials: Activities, timer, and data sheets

Setting: The caregiver and individual are in the room. Two minutes prior to session, the individual is allowed to play with a preferred item of activity of her choosing (no data are collected at this time). Once session begins, the caregiver says, “Now we are going to play *my way*”. The caregiver engages in an activity of his or her choice and prompts the individual to participate. However, the individual *should not* be physically guided to participate.

1. Provide the individual with leisure items or activities. Let the individual do things her way for 2 minutes. Honor all requests as much as possible.
2. When the 2 minutes is over, tell the individual, “*Okay, we play my way, now*” (or something similar). Begin a different activity from what the individual was doing on her own. Begin taking data.
 - a. If the individual engages in challenging behaviors (i.e. those target behaviors you have identified as problematic), the caregiver says “Okay, we’ll play your way” and allows the individual to play her way for 30 seconds.
 - b. If the individual engages in any other behaviors, ignore them.
3. After 30 seconds, say “Okay, we play my way, again” (or something similar).
4. Each time the individual engages in a challenging behavior (hits, throws objects), then you play her way for 30 seconds.
5. After 30 seconds, stop playing her way and go back to playing your way until she engages in the challenging behavior or 10 minutes is up.



**Is the behavior something the individual does even when he is given free time and access to toys and social attention?
(Testing for the “Free Time” Condition)**

In this condition, you are assessing if the individual engages in challenging behavior when he is allowed to play with preferred toys/objects without being asked to do something. In this test, positive attention is given regularly for the absence of challenging behavior. Because the individual is given preferred objects and positive interactions from the caregiver, problem behaviors should be minimal to zero in this condition (or at least lower than any other condition). This condition serves as a “control” condition to which other conditions can be compared.

Materials: Individual’s preferred leisure items, timer and data sheets

Setting: Preferred items are available in the room. The caregiver sits near the individual. Do not prompt the individual to play with leisure materials (do not make requests or demands).

1. Provide the individual with his favorite leisure items and activities.
2. If the individual initiates play or communication, the caregiver should interact with him or engage in parallel play (playing next to one another without interaction).
3. Every 30 seconds:
 - a. If the individual is not engaging in challenging behaviors (i.e. those target behaviors you have identified as problematic), tell him that he’s doing a good job playing (be careful not to interrupt his ongoing activity) by providing 5-10 seconds of praise (e.g., “Nice playing with the puzzle”, “Good job hanging out with me!”)
 - b. If the individual is engaging in challenging behaviors, wait 10 seconds until *after* the problem behavior has stopped then tell him he’s doing a good job playing. Ignore the problem behavior; do not provide attention or eye contact when the individual engages in a problem behavior.
4. If the individual engages in *any other behaviors*, the caregiver should attend to the individual. The caregiver should provide positive attention to the individual every 30 seconds as long as inappropriate behavior has not occurred immediately before. If the problem behavior occurs, wait 10 seconds before praise is given.
5. Continue until 10 minutes is up.



**Is the behavior something she does when she is left alone?
(Testing for the “Alone” Condition)**

In this condition, you are assessing whether the individual engages in the challenging behavior (such as hitting, throwing objects) in the absence of environmental influence.

[Ask:]

“Does anyone think they will be assessing this condition based on your FBA results so far?”

Materials: timer and data sheets

Setting: The individual is alone in the room with no leisure items available. While keeping an eye on the individual, the caregiver moves away to a location where the individual can't see her (e.g., right outside the bedroom door) but where the caregiver can observe her behavior.

1. Instructions to individual: “You need to stay in here for a little while. I’ll be back in 10 minutes.”
2. Record the number of challenging behaviors (i.e., those target behaviors you have identified as problematic) on the data sheet.



[Review the Analogue FA Data Sheet and teach participants how to complete it. Remind participants that they should try to test each condition that is indicated (based on the results of the indirect and descriptive FBA results they collected) at least 3 times in a natural or “real life” environment. By doing so, the true function of the challenging behavior can be identified (or confirmed), and that will result in a better intervention strategy and more success in reducing the challenging behavior in the long run.]

[Ask:]

“Now that we are finished reviewing this tool, does anyone have any questions about using the Analogue FA Data Sheet?”

Analogue FA Data Sheet

Direction: Label the target behaviors in each column (from pg. 20). Use tick marks to count frequency of problem behaviors in each condition. Use separate chart for each session.

Example:

Condition	Target behavior 1 Self-Injury	Target behavior 2 Hitting mom	Target behavior 3 Throwing objects	Total Problem Behaviors
1. Demand	### IIII	###		14
2. Tangible		IIII		4
3. Social Attention			### III	8
4. Mands				0
5. Free Time (control)				0
6. Alone				0

In the above example, the most likely function of self-injury is to escape demands. Hitting mom has led to getting out of demands and getting access to items. Throwing objects is used to gain social interaction. *The priority for intervention should be demand.*

Session 1

Date: ___ / ___ / ____

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				



Session 2

Date: ___ / ___ / ___

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 3

Date: ___ / ___ / ___

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				



Session 4

Date: ___ / ___ / ____

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 5

Date: ___ / ___ / ____

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

- Function of Target Behavior 1:
1 _____
- Function of Target Behavior 2:

- Function of Target Behavior 3:



Role Playing (15 minutes)

[With a different volunteer for each condition, role play each of the testing conditions. Be sure to demonstrate how to record the behaviors using the Analogue FA Data Sheet.

Use questions to determine if the participants understand how to record the data (e.g., “Now, how would I record this response?”)]

4. Review and Homework (10 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

“Okay, who can tell me, in plain language, something they learned today? “

[Be sure to let them know all they accomplished:]

In today’s session, we:

- Discussed the results of your preference assessments
- Learned how to determine the purpose or function of the challenging behavior of the individual you work with.
 - Good review questions might include –
 - “Why do we care about the function of a behavior?”
 - “What does Analogue FA do?”
 - Prepared to complete Session 3 homework

Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Say:]

- *“Do you have any questions about analogue FA?”*
- *Do you feel ready to conduct the analogue FA?*
- *Do you feel ready to use the FA Data Sheet?”*

[Ask:]

“Does anyone have any questions at all?”

Homework

- Conduct Analogue Functional Analysis

Send Off

[Say:]

- *“Some of you may be participating in Session 3a on Functional Communication Training. If you haven’t done so already, see me after class to discuss scheduling this additional session.*
- *In Session 4, we will learn several techniques to reduce challenging behaviors.*
- *We will then use the data you collect from the Analogue FA to select the specific techniques you will use to address the behaviors of the person you care for.*
- *Together, we will create a Behavior Intervention Plan for your individual.”*

[Thank the participants for their attention and dedication to the program.

Dismiss them with encouragement.]

END OF SESSION 3

Session 3a (Optional): Functional Communication Training

Preparing for this Session

Purpose – In this session you will:

- Teach participants how to implement Functional Communication Training (FCT)
- Prepare participants to complete homework

At the conclusion of Session 3a, you will review each of these accomplishments with the participants.

To Prepare -

- Read through the entire session in the Trainer Manual
- Review the FCT Trials Data Sheet
- Prepare Role Plays for the FCT
- Assemble the communication methods and devices you will demonstrate for participants
- Prepare sign-in sheet for this special session

Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / ____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



1. Introduction to Functional Communication Training (10 minutes)

[Welcome participants and have them sign the sign-in sheet for this session.]

[Instruct:]

- In today's session, we will:
 - Learn how to conduct Functional Communication Training (FCT)
 - Prepare to complete the FCT homework.
- Teaching alternative ways to communicate is another effective method for decreasing challenging behavior if the reason for the challenging behavior can be identified (Durand & Carr, 1985).
- Functional Communication Training teaches alternative ways to communicate so that the individual can reach the *same desired outcome* as they were previously attempting to attain with their challenging behavior.
- It is called "functional" communication because it helps the individual to communicate for a reason; their communication has a "function" or purpose.
- The mode of functional communication that you teach must fit the communication needs and abilities of the individual (e.g., pictures, micro-switches, hand signs).
- Also, the functional communication program must be incorporated into all aspects of the individual's daily activities.
- Over time, the individual learns that functional communication is a much easier and efficient way to get what she wants than engaging in her challenging behavior.
- The key to successful FCT is providing *immediate* access to the requested consequence (e.g., attention, a preferred item, or a break from a task) each time the individual communicates in the desired way.
- Using FCT as part of a Behavior Intervention Plan teaches the individual that she will receive what she wants (e.g., attention, the preferred item, or a break) when she "asks" for it appropriately using whatever method of communication is being taught to her.
- It teaches her an "alternate response", a response that is different from her current challenging behavior she uses to try to get what she wants.
- In addition, by ignoring any challenging behavior, the caregiver teaches her that her previous methods will no longer work. She will not get what she wants by engaging in the challenging behaviors.
- Ignoring the challenging behavior consists of withholding the desired outcome (attention, the item, or a break) each time the individual engages in the challenging behavior.



- The instructions in your manual will help you understand how to do that so that the individual you care for will come to understand a better way to get her needs met.

2. Selecting the Appropriate Means of Communication (15 minutes)

[Instruct:]

- Typically, you want to choose a communication method that the individual regularly uses. For example, if the individual has at least 2-3 spoken words, you would want to teach spoken response. If you're unsure, consider using another mode of communication based on his IEP (if he is a student) and/or based on recommendations from a speech/language clinician.
- The alternate response you teach should be one that the individual can learn in a relatively short amount of time (within a few days or weeks).
- The response should also be easily understood by someone other than the caregiver and be appropriate for most situations and community settings that the individual may encounter. If the response is not functional, it won't work!
- In most cases, you should begin training with one target response (i.e., one spoken word or one picture), usually a verb ("to-do" statements), for example "break", "eat", "drink", "(go) home", "(use) bathroom", etc.

Common Alternative Communication Methods

[Describe and/or demonstrate the following methods and devices.]

- Verbal (spoken)
- Sign Language
- Gestural (can be unique to the individual as opposed to using specific sign language)
- Picture Exchange Communication System (PECS) (use of picture symbols that represent a variety of objects, places, actions, people, etc. to communicate needs or wants)
- Voice Output Communication Aid (VOCA) (use of computerized speech devices programmed with key words, phrases, requests, people, etc. that the individual can choose and press and the device "speaks" it out loud)
- Other augmentative communication: picture boards, word boards, personalized communication notebooks, and any other means used by a person to enhance their ability to communicate their needs.



[To help participants think about the communication needs of the individuals they care for, lead them through a discussion using the questions in their manuals:]

1. How does the individual typically communicate? Can he speak? Gesture? Use sign language?
2. Does the individual have any experience with alternative communication methods already? Can she use a particular method now? Does that method work, or might a different method work better? Why?
3. What methods do you think you would like to try with the individual you care for? Do you know where to learn that method and obtain any materials needed to use that method?

[Inform participants where they can access the alternative communication methods and devices you have demonstrated.]

Assist the participants to complete the questions on p. 58 C (p. 87 T) of their manuals.]

3. Function-based Communication Training

[Instruct:]

- The “alternate responses” or phrases that are taught to the individual depend upon the function of his behavior. You need to understand what the individual is seeking through his challenging behavior in order to know what to teach him.
- In Sessions 1 and 3, you learned some of the reasons behind your individual’s challenging behavior. You collected that information in the QABF and the ABC Data Sheet and also completed an analogue functional analysis.
- You can use this information now to begin identifying the proper alternate responses to teach the person you care for.

Common Functions of Behavior

[Instruct:]

- **Getting Attention** - If the individual’s behavior is maintained by his attempt to get *attention*, he should be taught an appropriate way to ask for attention. Similarly, if the individual’s behavior is maintained by his attempt to get a *personal need met (therefore requiring caregiver attention and assistance)*, he should be taught an appropriate way to ask for assistance.



Teach him to communicate:

- *Play with me.*
 - *Talk to me.*
 - *Come hang out with me.*
 - *Tell me how I am doing on this task/job.*
 - *I need to use the bathroom.*
 - *I need to be cleaned.*
 - *I am done eating.*
- **Getting Something She Wants** - If the individual's behavior is her attempt to get something she wants, such as a toy or leisure item, a specific food item, or a drink (also called "*tangibles*"), she should be taught to ask for that item.

Teach her to communicate:

- *I want some more ____ (food or drink)*
 - *I want to play with ____ (toy, leisure item)*
- **Avoiding Tasks** - If the individual's challenging behavior is maintained by her attempt to *escape and avoid difficult or unpleasant tasks*, the individual should be taught to request for a break or assistance on tasks.

Teach her to communicate:

- *I need a break.*
- *I don't understand.*

[Assist the participants to complete the FCT Target Response Table on p. 61 C (p. 89 T) in their manuals to the extent they can today.]

FCT Target Response Table

Using the results of your Functional Behavior Assessment (the QABF, ABC Data Sheet and the Analogue FA), develop the target response you think you should teach the individual you care for. There may be more than one target response for a behavior. Complete the following table:

Name of Individual: _____

<u>Target Behavior</u>	<u>Function</u>	<u>Target Response</u>
<u>Example: Hitting Mom</u>	<u>to get out of doing difficult tasks</u>	<u>I need a break!</u>
1.		
2.		
3.		

4. Teaching Functional Communication

[Instruct:]

- Getting started in teaching an individual to communicate what he wants in appropriate ways is accomplished in very clear steps. These steps have been developed to help the individual quickly learn a better way to express his needs.
 1. Set aside at least one block of time daily (at least 10 minutes) to train and practice. The more often you are able to train, the quicker the individual is likely to catch on.
 2. If an augmentative device (PECS, VOCA, etc.) is used, lay it out prominently in front of the individual and tell the individual what the card/button means by pointing to it and pressing it or saying, “play with me”, “break”, “I want ___”.
 3. Also lay out the individual’s preferred items slightly out of reach from the individual (a favorite toy, food, picture of an activity) that were identified in session 2.
 4. Ask the individual to say/touch/press what he wants.
 5. If the individual attempts to say/touch/press what he wants (even by accident), immediately provide the desired outcome for 10-15 seconds.



6. If the individual engages in challenging behaviors or incorrectly responds, the caregiver says “No, that’s not correct” and prompts the individual to say/touch/press what he wants. Depending upon the individual’s needs, prompts can range from:
 - a. Verbal (V),
 - b. Gesture or Modeling (G), to
 - c. Physical or hand-over-hand (P)

7. Once the individual attempts to say/touch/press what he wants (even by accident), immediately provide the desired outcome for 10-15 seconds.

[Demonstrate how to give each type of prompt: verbal, a gesture, modeling, and physical or hand-over-hand to be sure participants understand.]

Walk the participants through the use of the FCT Trials Data Sheet and discuss the importance of keeping data on the type of prompt required to complete the trial using the FCT Trials Data Sheet.]

[Ask:]

“Does anyone have any questions about documenting the individual’s responses to the training sessions?”

[Resume teaching the steps to FCT:]

8. Repeat Steps #4-7.

9. As the individual makes progress with the initial training and is able to communicate what he wants with minimal prompting, the caregiver may move on to conduct functional communication training sessions based on the function of the behavior (see FCT Table on p. 65 C; p. 91 T).

[Take time to walk the participants through the FCT Table so that they understand how to teach functional communication for each condition.]

FCT Trials Data Sheet

Name of Caregiver: _____

Individual's Mode of Communication (check the one that applies):

- Verbal (spoken)
- Sign Language
- Gestural
- Picture Exchange Communication System (PECS)
- Voice Output Communication Aid (VOCA)
- Other augmentative communication: _____

For each trial, indicate the prompt level required from the caregiver:

- Independent communication, no prompt required
- Verbal
- Gestural/Modeling
- Physical (hand-over-hand)

Target Response being taught: _____

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

Target Response being taught: _____

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

Functional Communication Training Table

Following initial training, caregivers can begin conducting communication sessions based on the function (reason or purpose) of the challenging behavior identified by the Functional Behavior Assessment. The steps listed below should be followed carefully to maximize the learning process for the individual.

Function of Behavior	Teaching Process
Access to Attention	<ol style="list-style-type: none"> 1. Caregiver sits in a chair, reading a magazine and presents the individual with toys or leisure items. 2. At the beginning of the session, the caregiver states that she has work to do and that the individual may play with the toys or leisure items. 3. The individual gets 30 seconds of social interaction or immediate attention from the caregiver when he appropriately requests attention or assistance (e.g., saying he wants to play or needs to use the restroom or indicating so by handing the PECS to the caregiver or pressing the VOCA). 4. All challenging behaviors are ignored.
Access to Tangible	<ol style="list-style-type: none"> 1. Provide access to a preferred item 2 minutes prior to the session. 2. The training session begins when the caregiver removes the item from the individual. 3. The individual gains 30 seconds of access to the item by appropriately requesting it (i.e., saying what he wants or handing the PECS or pressing the VOCA). 4. All challenging behaviors are ignored.
Escape and Avoidance of Demand	<ol style="list-style-type: none"> 1. The caregiver presents an academic, vocational or self-care instruction to the individual. 2. The individual gets a 30 second break from demands by appropriately requesting a break (e.g., saying “break” or handing the “take a break” picture card to the caregiver, or pressing the VOCA). 3. All occurrences of challenging behaviors are ignored.

Note the materials you will need and assemble them prior to beginning your training sessions.

Demonstration



[Chose a volunteer and demonstrate how to conduct and record FCT for each of the conditions in the Functional Communication Training Table.

Resume teaching the final steps to FCT:]

- As the individual communicates successfully 4 out of 5 (80%) of the given opportunities, gradually increase the communication effort required to receive the requested outcome. Reinforce each time the individual successfully approximates the next step of the target response (see example below).

Communication Method/ Training Step	Verbal (spoken)	PECS	VOCA
Step 1	Saying “buh”	Slight touch to the picture	Touching VOCA
Step 2	Saying “brae”	Pick up the picture	Covering hand over VOCA
Step 3	Saying “break”	Hand the picture to the caregiver	Pressing VOCA

- Gradually increase the *work* required to receive the desired outcome (from complying with *one step* in a request to ultimately completing the *entire work demand before getting a break*).

[Ask:]

“Does anyone have any questions about the steps involved in FCT?”

5. Review and Homework

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

“What is FCT?”

“What is the purpose or goal of FCT?”

“How does FCT work?”

“What is an alternate response?”



[Be sure to let them know all they accomplished:]

- In today’s session, we:
 - Learned how to implement Functional Communication Training
 - Prepared to conduct FCT and document the results

[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Say:]

- *“Do you have any questions about FCT?”*
- *Have you clearly identified the alternate target response(s) you need to teach the individual you care for?*
- *Do you feel ready to conduct the FCT process? If not, what are your concerns?”*

Homework

- Complete the FCT Target Response Table
- Complete several training sessions with the individual you care for and document the results using the FCT Trials Data Sheet

END OF SESSION 3a



Session 4: Behavior Intervention

Preparing for this Session

Purpose – In this session you will:

- Teach the techniques that are used to reduce challenging behaviors
- Use the data collected from the Analogue FAs to select the specific techniques the caregivers will use to address the behaviors of their individuals
- Create a Behavior Intervention Plan for each individual
- Prepare participants to implement their Behavior Intervention Plans

At the conclusion of Session 4, you will review each of these accomplishments with the participants.

To Prepare -

- Read through the entire session in the Trainer Manual
- Assemble the example reinforcers, props, schedules, and token systems you will bring to class for the Role Plays
- Prepare Role Plays for the intervention techniques; know how you will conduct this segment of the class

Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / ____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



1. Review (5 minutes)

[Instruct:]

Last session, we:

- Discussed the results of your preference assessments
- Learned how to conduct an Analogue FA
 - Good review questions to ask might include –
 - “What does Analogue FA do?”
 - “Why do we care about the function of the behavior?”
- Prepared to complete Session 3 homework

[If participants struggle to answer the review questions, provide the answers for them. Remind them of the purpose of Analogue FA.]

[Remind them of the importance of collecting data (i.e., the results of the FBA testing scenarios): **information (data) empowers them to change the individual's behaviors.**]

[Instruct:]

In today's session, we will:

- Discuss the results of your Analogue FA
- Learn several techniques to reduce challenging behaviors
- Use the data you collect from the Analogue FA to select the specific techniques you will use to address the behaviors of your individual
- Create a Behavior Intervention Plan for your individual
- Prepare to implement your Behavior Intervention Plan

2. Discuss Results of Analogue FBA (10 minutes)

[Say:]

“Since our last session, you have conducted an Analogue Functional Analysis. Please take out your Analogue FBA results.”

[Ask the participants to quietly answer the questions in the Caregiver Manual. After a few minutes, read each question and discuss as a group:]

- What was your experience completing the Analogue Functional Analysis? Was it difficult to do? What was hard? What was easier than you thought it would be?
- How many FA sessions were you able to conduct?
- What did you learn about the underlying function (cause or reason) of the individual’s behavior?

[Instruct:]

- Now that you have some concrete and reliable information about why the individual is behaving the way she is, you are ready to take action. This session will focus on developing a plan of select behavior intervention techniques that will address the individual’s identified behavior functions.
- This is where it gets exciting – because we can now start to turn things around! If you stick with the techniques you are about to learn, you will see a change in behavior.

FCT Results (if applicable-5 minutes)

[Take a few minutes to ask the participants who attended Session 3a about their results. Invite others in the group to take a 5-minute break if they wish.]

[Ask:]

“For those who attended Session 3a, how is it going implementing the steps to FCT? Are you noticing any progress?”

[Discuss the participants’ experiences and answer any questions. Be sure those who are implementing FCT feel comfortable continuing to train the person they work with. If a caregiver has concerns about continuing to do FCT, discuss the issues and provide assistance to the caregiver.]



3. Behavior Intervention Techniques (30 minutes)

[Instruct:]

Two Vital Things to Remember

- By applying the principles of behavior, you will teach the individual a more appropriate way to obtain what he wants (i.e., the desire for attention, leisure materials, or avoiding a task, etc.).

Consistency is Vital –

- While function-based behavior intervention can be very effective, it must be implemented consistently at all times by the majority of people who interact with the individual to make a meaningful impact.
- Inform everyone who works with your individual what you are doing and how to respond to any challenging behaviors with the intervention techniques.

Continuation is Vital –

- Even more importantly, the behavior intervention should continue even if the challenging behavior begins to decrease.
- As with medication for a health condition or changing one's diet for a weight condition, you must stick to the treatment. Hoping for a lasting behavioral effect without continuing the treatment (in this case the behavior intervention techniques) will only lead to frustration and failure.
- With consistency and adherence to using the behavioral techniques, you will see gradual change and reduction in the person's challenging behavior and more use of appropriate behavior.

The Techniques

[Instruct:]

Ignore problem behaviors

- If the function of the behavior is to gain attention, challenging behavior can be reduced if attention and interaction are no longer given when the individual engages in the problem behavior.
- This means not giving direct eye contact or calling the individual's name, no reprimands, no reasoning and lecturing, and not showing that you're upset.
- Attempts to redirect the behavior by giving attention may inadvertently increase the problem behavior.



- Note: Ignoring challenging behavior may initially increase the challenging behavior because *that* is how he communicated what he wanted and how he got his way until now. Keep the faith - ignoring will ultimately decrease the likelihood that the individual will engage in challenging behavior to gain attention.

Reward good behaviors

- Social interactions should be freely given for good behavior. That is, positive interaction should occur when the individual engages in behavior other than the challenging behavior.
- When you reinforce the individual's "good" behavior by providing him with praise and goodies, you are teaching the individual what you want him to do. This increases the likelihood that he will engage in the "good" behavior again.
- When the individual behaves appropriately, tell him exactly what he did right. Instead of just saying "nice job!" tell the individual *exactly* what you liked about what he did: "Nice job keeping your hands quiet!"

How often should I reward?

- In order to determine how frequently the individual should get reinforced, take a frequency count of how often the problem behavior occurs. Observe the individual for a few hours.
- If the problem behavior occurs once every 10 minutes, provide reinforcement (e.g., social interaction, praise) to the individual at a faster rate (e.g., every 8 minutes) only if the individual is not engaging in the problem behavior the moment you are about to deliver the goodies. If the individual is engaging in a problem behavior at that moment, wait at least 10 seconds after the individual has calmed down before providing positive interactions and other desirable things.

Demonstration

[Choose a volunteer to demonstrate this concept.]

[Invite the remaining participants to take notes and ask questions.]

[Ask the volunteer to demonstrate a challenging behavior. Once a volunteer is selected, provide some suggestions of challenging behavior to display privately before the demonstration.]

[Demonstrate how to reward more frequently than the behavior occurs and waiting until after the behavior ends before interacting].

[Ask:]

“Does anyone have any questions?”

[Instruct:]

Make life more enjoyable, *except after a bad behavior*

- Another way to decrease challenging behavior is to make more leisure items available, give more positive attention, social interaction, and opportunities to access other preferred items and activities.
- This approach allows the person to get what they want (attention and fun interactions) without behaving inappropriately.
- When implementing this strategy, be careful not to provide these rewards immediately following the problem behavior to avoid possible association.
- Again, wait at least 10 seconds after the individual has calmed down before providing positive interactions and other desirable things.
- If an individual is engaging in challenging behavior to avoid a task, time-out from the task or redirection to another activity (e.g., *Okay, stop hitting me. Why don't you go sit for awhile? We'll try this later*) will only exacerbate the situation. In this situation, time-out will not serve as a time-out, but rather as an escape from an unpleasant task.

A new look at time-out

- Contrary to popular belief, time-out is not sitting in a chair for a few minutes.
- Time-out is losing access to cool, fun things as a result of exhibiting problem behavior.
- It usually involves removing the individual from the setting that has those cool, fun things.
- Time-outs can only be in place when the individual is in time-in. That is, if nothing enjoyable was happening before time-out, you are simply removing the individual from one non-stimulating, non-engaging room to another.
- For example, if the individual is watching her favorite TV show, but hits and screams at her sibling for getting in the way, taking her to a chair located in the same room will not serve as a time-out since she can still see and listen to the TV.
- Removing her from accessing the TV completely, however, will be an example of a time-out. In this case, time-in (watching a favorite show) was in place, allowing for time-out (being removed from watching a favorite show) to be effective upon the occurrence of the problem behavior.
- Once the individual is in time-out, let her know that she must be calm for at least 10 seconds (or a duration of your choosing, usually shortly after she is calm) before she can return to time-in.



- Do not talk to the individual or explain to her what she did wrong while she is in time-out.
- You may use a timer to indicate to the individual when the time-out will be over. When the timer goes off, she should be allowed to return to what she was doing.

How to use time-out correctly

- A fun, enjoyable activity should be in place before using time-out (e.g. playing video game, visiting friends).
- Time-out should not lead to the individual avoiding or delaying an unpleasant task or work
- Time-out should take place in a boring and neutral setting.
- No attention should be given during time-out. Simply tell the individual, “*You hit your brother, no TV. Go to time-out until you are calm.*”
- Time-out should be discontinued shortly after the individual is calm and quiet (after approximately 10 seconds of calm behavior).

Take a favorite item away

- Analogous to time-out, another way to decrease challenging behavior is to remove a favorite item upon the occurrence of a challenging behavior (leisure item, toy, snack, or a token, if the individual is on a token system).
- The difference here is that instead of removing the individual from the cool, fun environment, you are removing the item that the individual was playing with upon the occurrence of the challenging behavior.
- In order for you to remove a preferred item, the individual must be engaged with that item when he is exhibiting a challenging behavior.
- For example, if the individual engages in self-injury while looking at a magazine, his preferred item, taking away the magazine will convey that when he engages in self-injury, he does not get to look at magazines. When the magazine is always available when he shows an absence of self-injury, but taken away consistently upon the occurrence of self-injury, he will be less likely to exhibit self-injury in order to keep looking at the magazine.

Use fast-paced requests

- Requesting actions that the individual will easily and readily accomplish is known as a “high probability” request.
- Using a high probability request sequence increases the likelihood of getting compliance with a task you want him to do. You can ask the individual to do something relatively easy and fun using a rhythm (or beat) before asking him to do something less fun that you’re trying to get him to do.



- First, identify a high probability behavior (e.g., dancing to a song) and a low probability behavior (e.g., sitting).
- Request 2-3 high probability behaviors very quickly, followed by a request for the low probability behavior.

Example: ♪ Head, shoulders, knees and toes, knees and toes ♪...*sit!* Immediately reinforce sitting. Offer 3-step guidance if necessary (p. 37 C; p. 54 T)

Demonstration

[Choose a volunteer to demonstrate this intervention.]

[Invite the remaining participants to take notes and ask questions.]

[Ask the volunteer to do two simple requests.]

[Demonstrate how to rapidly request a third, less likely task and how to use Tell-Show-Do if the individual has difficulty completing the third task.]

[Ask:]

“Does anyone have any questions?”

[Instruct:]

Make work easier

- To decrease challenging behaviors that have allowed the individual to escape from doing unpleasant tasks, make the task easier to complete by breaking down the required steps to finish the work.
- Begin with a task (or part of the task) that the individual consistently and successfully completes with minimal assistance from you. Then add another small step.
- Gradually increase the number of steps until the task is accomplished.

Demonstration

[Choose a volunteer to demonstrate this intervention.]

[Invite the remaining participants to take notes and ask questions.]

[Ask the remaining participants how to break down a simple task such as washing hands or brushing teeth.]

[Use the volunteer to demonstrate how well the smaller steps might work for the person trying to learn the skill.]

[Demonstrate the use of praise and reinforcement with each step achieved.]



[Ask the remaining participants how to gradually add additional steps.]

[Use the volunteer to demonstrate adding these additional steps.]

[Ask:]

“Does anyone have any questions?”

[Instruct:]

Use a schedule and allow choice

- Use a daily activity schedule to increase predictability in the individual’s life. Use photos or pictures if necessary.
- If possible, allow the individual to pick from two different activities or tasks, to allow some control over the events in her life.

[Ask:]

“Does anyone currently use daily schedules or have any experience using them?”

[Instruct:]

Give ‘em a break

- Breaks from the task should be given often, either on a schedule (use a timer as a reminder to be consistent) or after certain number of tasks (e.g., after every 3 correct answer), or the individual can be taught to ask for break, using Functional Communication Training (p. 57 C; p. 85 T).

Use competing items

- Behaviors that occur in the absence of environmental influence (i.e., they are considered “automatically-reinforced”) are difficult to change and are often treated with psychotropic medications.
- An alternative way is to provide the individual with items that compete with challenging behaviors.
- This procedure is helpful for individuals who engage in repetitive self-injurious or stereotypic behavior.
- For example, for an individual who engages in hand-to-head hitting, providing a hand-held vibrating massager may provide comparable feeling. For someone who engages in saliva play, providing a slimy goo for his hands and lollipop or gum to occupy his mouth may interrupt the behavior.



- The key is to deliver the item prior to the problematic situation (if known) and immediately praise and reinforce abundantly when the individual is not engaging in challenging behaviors, even momentarily. Don't wait until the challenging behavior occurs to introduce the competing item.

Blocking

- Blocking may be useful if competing items cannot be identified.
- Blocking aims to eliminate the stimulation that self-injury produces.
- Blocking may consist of providing a pillow for someone who engages in hand-to-head hitting, or momentary hand blocking for an individual who engages in skin picking.
- Blocking is often difficult to implement correctly because it requires caregiver consistency and persistence (close supervision of the individual at all times to effectively block *every incidence* of self-injury).
- This technique should only be used if, upon review and discussion of the individual's behavior with the participant, the instructor determines it to be an appropriate intervention.

Teach leisure skills

- Developmentally-appropriate toy play and leisure skills potentially compete with challenging behaviors.
- In your manuals on p. 76 C (p. 107 T), is an example of initial toy play training.

Phase 1.

1. Caregiver role-models playing appropriately with 5 toys, each for 2 minutes, within a 10-minute training session.
2. If the individual begins playing appropriately with the toys, the caregiver allows him to play without interruption until the 2 minutes is up.
3. If the individual stops playing with the toys, the caregiver resumes play.
4. Praise abundantly for toy contact (even accidental touch is praised) and provide reinforcement (using reinforcers identified in the preference assessment) whenever the individual makes contact with a toy for 5 seconds.
5. Ignore all challenging behaviors.

*Phase 2.*

1. Decrease caregiver play to 1 minute 30 seconds.
2. For the remaining 30 seconds, the caregiver prompts the individual to play with the toy or leisure item himself.
3. During the 30 seconds, prompts are delivered once every 10 seconds (e.g., “touch the toy” “push the car”, etc.). Use 3-step guided prompting (tell-show-do) to encourage play.
4. Prompts are not given if the individual plays independently. Continue to rotate the 5 toys every two minutes, and provide praise and reinforcement for every 5 seconds of independent toy contact.

Phase 3.

1. Gradually decrease the caregiver-individual play ratio: 1 minute caregiver play to 1 minute prompted play by the individual (continue to prompt every 10 seconds, except when the individual engages in independent play).
2. Provide praise and reinforcement for every 5 seconds of independent toy contact, and continue to rotate the toys every two minutes.

Phase 4.

1. The caregiver does not play with toys at all, but prompts the individual (tell-show-do) every 10 seconds, except during independent play.
2. Continue to rotate through the 5 toys on a 2-minute schedule.
3. Praise and reinforcement are delivered for every 5-seconds of independent toy contact.

Demonstration

[Choose a volunteer to demonstrate this intervention.]

[Invite the remaining participants to take notes and ask questions.]

[Demonstrate how to play with toy items for a brief time and how to then praise the volunteer for any toy contact or playing.]

[Invite the volunteer to act out a challenging behavior. Demonstrate how to ignore challenging behavior.]

[Demonstrate Phase 2 using timed physical and verbal prompts.]

[Ask:]

“Does anyone have any questions?”

[Instruct:]

“Pay” her for doing well!

- A token system allows the individual to earn credit for engaging in appropriate behavior.
- Tokens are earned on a schedule for a desirable behavior (correct answer, compliance, absence of problem behavior for 1-minute, etc.).
- The earned tokens are saved for a short time, and then exchanged for a variety of back-up reinforcers.
- Example: An individual can earn a penny for every minute not engaged in problem behavior. These points can then be exchanged at specified times (e.g., lunch break, after school, before bed) for desired items or activities such as:

5 pennies = computer game for 5 minutes
3 pennies = time to look at a favorite book

- Token systems may appear inappropriate for an older individual at first glance; they may even come across as developmentally-inappropriate. However, unbeknownst to us, many of us are on this system.
- This is especially true for people working on commission. If you have a job and get paid for it on a schedule, you are also on a token system. You work to complete a certain task, and you get a token (paycheck) on your token board (bank account). If your work didn't lead to a paycheck, you wouldn't work so hard—or at all!
- By using a token system, you are giving the individual a chance to earn a “paycheck” for doing a good job.
- Tokens made of favorite things (e.g., cartoon character stickers) can be substituted for pennies.
- Show the class the token systems you brought as examples.

[Ask:]

“Has anyone had any experience using token systems?”

Practice makes perfect! Do a “do-over”

- In positive practice, the individual is required to repeatedly practice the correct alternative behavior immediately following the challenging behavior.



- For example, if the individual slams the door in anger, she would be required to practice opening and closing the door quietly and gently 5-10 times in a row.
- For an individual who throws objects on the floor, she would be required to pick-up and place the object gently where it belongs.

Whatever you do, do not use punishment alone

- Punishment is *decreasing* a behavior by taking something away (money earned, favorite toy) or doing something to the individual (spanking, yelling).
- Some caregivers use this method alone without using reinforcement procedures.
- While punishment may bring about an immediate change, it is not a long-term solution. Punishment tends to elicit more aggressive behavior and often causes the person doing the punishment (caregiver) to become paired with the punishment.
- Punishment alone does not teach any new, appropriate behavior. In fact, it may cause the individual to imitate the caregiver's punishing behavior!
- Proactive strategies are always the preferred method to achieve behavioral change.

What not to do after problem behavior

1. Give in! (provide attention, allow access to toy, food, allow escape from work, etc.)
2. Show that you are upset or disappointed
3. Lecture or reason by explaining why it is important to do "XYZ"
4. Tug or grab the individual
5. Get in the individual's face
6. Make threats or promises you can't carry out

How do I use these Behavioral Intervention Techniques?

- Initially, only one component of the intervention should be implemented.
- While implementing that intervention, take data on the individual's target behaviors to see how it responds to an intervention.
- If you see a reduction in the target behavior, continue to implement that intervention.



- Once you see a consistency in the target behavior (e.g., the frequency or intensity of the target behavior increased or continues to remain at the same level), implement another intervention.
- This allows you to keep track of which intervention changed the target behavior. If you implement 3 intervention strategies at once, you won't know which of those 3 were effective (or ineffective).

[Ask:]

“Would anyone like to share their experience with any of the techniques we reviewed?”

[Say:]

“Now that we have reviewed some behavior management strategies, let's put them to use in a treatment package, based on your findings from the Functional Behavior Assessment.”

4. Tailoring Intervention to an Individual's Unique Behavioral Function (10 minutes)

[Instruct:]

- The boxes below describe which behavior intervention techniques to use to address particular functions underlying challenging behavior.
- Based on the results of your FBA, find the set of intervention techniques that you will use with the individual you care for based on what you now know about the function of their target behavior(s).
- Read through the boxes and place **stars** next to the techniques you think are appropriate for the individual you care for.

[Circulate around the room and ask participants to explain their choices. Discuss any choices that do not seem correct.]



Challenging Behavior Maintained by Access to Social Attention or Access to Tangible

- Reinforce good behaviors: deliver social attention and/or tangible reinforcers (leisure items, edibles) on a time-based schedule (see “How often should I reward?” above).
- Ignore problem behaviors: social attention or access to leisure items is no longer provided immediately after the problem behavior.
- Note: Some individuals don’t always differentiate between good attention (good job!) from bad attention (STOP that now!) To them, bad attention is better than NO attention!
- Teach proper communication: teach the individual to communicate (Functional Communication Training, FCT) in order to gain access to what they desire: attention (e.g., “talk to me”) or a tangible reward (“I want...”).

Challenging behavior maintained by escape and avoidance of work

- Reinforce compliance: deliver social attention and/or tangible reinforcers (leisure items, edibles) for compliance
- Make work easier: break down the work into smaller, manageable steps and reinforce each successive approximation.
- Use fast-paced requests. Present easier tasks first in an effort to increase compliance with more difficult tasks.
- Use 3-step guided compliance: By providing graduated prompts (say-show-do), escape or avoidance of work is no longer allowed contingent on the occurrence of the problem behavior.
- Do a “do-over” for problem behaviors such as throwing objects. Practice the correct behavior.
- Teach proper communication: teach the individual to ask for a “break” from the task.

**Challenging behavior maintained by “self-stimulatory” or automatically reinforced behavior (especially when left alone)**

- Reinforce good behaviors: deliver social attention and tangible rewards (leisure items, edibles) on a time-based schedule for the absence of self-stimulatory behavior.
- Use competing items: provide free access to alternative sources of sensory stimulation
- Blocking: eliminate the sensory stimulation that the self-stimulatory behavior produces
- Teach leisure skills: teach replacement behavior. This is especially important for an individual who has high rates of problem behavior maintained by automatic reinforcement and low levels of independent play and/or leisure skills. Choose activities that compete with the problem behavior (see “Use competing items,” above).
- Do not use time-outs for an individual who engages in automatically-reinforced, self-stimulatory challenging behavior. It allows the individual an uninterrupted free time to engage in those behaviors.

Challenging behavior maintained by wanting things done “just so”

- Reward good behaviors: allow the individual do things “his way” for a set duration of time as long as he is not engaging in problem behavior.
- “Pay” him for doing well: allow the individual to earn credit (tokens) for engaging in caregiver’s way (“your way”) or other appropriate behaviors for a set duration of time.
- Take a favorite thing away: in this case, take away doing things “his way” if the individual engages in problem behavior and switch to doing things the caregiver’s way (“your way”).
- Gradually decrease the time doing things “his way” and increase the amount of time required to do things caregiver’s way (“your way”).
- Teach proper communication: teach the individual to say the way he wants things (e.g., “I want to play my way,” or “I want things my way”).



5. Creating a Personalized Behavior Intervention Plan (BIP) (20 minutes)

[Instruct:]

- A Behavioral Intervention Plan must be created with an understanding of why a challenging behavior is occurring. The purpose for the individual's challenging behavior must be understood before developing a plan to address it.
- A BIP is a summary of the antecedents and consequences the individual will experience for engaging in the target behavior.
- It describes what you will do to encourage appropriate behavior and what you will do in response to challenging behavior.
- It is a plan of action that will be followed to decrease target behaviors and increase adaptive behaviors.

[Describe the following components of a BIP:]

- Results from the Functional Behavior Assessment (FBA)
- Baseline frequency data on target problem behavior
- Antecedents to target problem behavior (what usually happens immediately before the problem behavior)
- Consequences to target problem behavior (what usually happens immediately after the problem behavior)
- Previously used interventions
- Possible health or medical factors that may influence the individual's behavior
- Behavior Intervention

[Instruct:]

- There are 2 different versions of Behavior Intervention Plans in your manual. One version is instructional and is designed to help you to learn with confidence the procedure for completing a BIP. The other version is typically used and understood in school settings.

[Say:]

“I will go through the instructional format of the BIP in detail. If you are interested in completing the standard format, ask the trainer for assistance.”



[Lead participants through the following steps to create an individualized Behavior Intervention Plan for the individual they care for:]

1. Put the individual's name and today's date on the top of the BIP.
2. Drawing on the results of your QABF, list the functions of the challenging behaviors. List the behavior and the function(s) (e.g., hitting--to gain attention).
3. Then list the results from the ABC Data Sheet, again listing the function(s) of the behavior and the behavior itself.
4. From the results of the Analogue FA, list the function(s) of the challenging behavior.
5. Now refer back to the boxed lists of behavior intervention techniques and write down the techniques that are appropriate to the function of your individual's behaviors. Be specific. List which interventions to use with each function of the challenging behavior.

[Lead the class through a few examples, using volunteer participants' results.

Circulate around the room and assist participants to develop their individualized BIP.]

Personalized Behavior Intervention Plan

For: _____

Date: _____

1. Results from Functional Behavior Assessment

Function(s) of the Challenging Behavior from the Indirect FBA (**QABF**):

Challenging Behavior	Function

Function(s) of the Challenging Behavior from the Descriptive FBA (**ABC data**):

Challenging Behavior	Function

Function(s) of the Challenging Behavior from the Analogue FA (**Analogue FA Data Sheet**):

Challenging Behavior	Function

2. Treatment Package (select from suggested Behavioral Interventions on p. 72-78 C; p. 101-111 T.)

For Challenging Behavior 1: _____

Do's

1. _____

2. _____

3. _____

4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____
2. _____
3. _____

For Challenging Behavior 2: _____

Do's

1. _____

2. _____

3. _____

Behavior Intervention Plan

4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____

2. _____

3. _____

For Challenging Behavior 3: _____

Do's

1. _____

2. _____

3. _____

4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____

2. _____

3. _____

Behavior Intervention Plan

(standard format)

Name of Individual: _____ BIP implementation date: __/__/____

BEHAVIORAL GOALS

1. _____
2. _____
3. _____

TARGET BEHAVIORS & DATA COLLECTION

Self-injury (_____), aggression (_____), disruption (_____). Frequency data were collected for all behaviors.

PREFERENCE ASSESSMENT

A paired-choice preference assessment was conducted to identify potential reinforcers. Results indicated that the most highly preferred item was _____.

FUNCTIONAL BEHAVIOR ASSESSMENT

Function(s) of the Target Behavior from Indirect FBA (QABF):

1. _____
2. _____
3. _____

Function(s) of the Target Behavior from Descriptive FBA (ABC data):

1. _____
2. _____
3. _____

Function(s) of the Target Behavior from Analogue Functional Analysis:

1. _____
2. _____
3. _____

INTERVENTION

Example: Intervention for Escape from Demand Function

Intervention
Teach functional communication to replace hitting to get out of work. Sam will use a PECS card to ask for a "break" (instead of hitting). She will be given a short break and praise for appropriate communication. All hitting will be ignored.

Intervention for _____ Function

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention for _____ Function

1. _____
2. _____
3. _____
4. _____
5. _____



6. Collecting Data Using the Intervention Data Sheet and Challenging Behavior Intervention Graph (10 minutes)

[Instruct:]

- As with previous steps (baseline data collection, preference assessment and FBA), implementing the BIP also requires data collection.
- Knowing exactly how the individual is responding to intervention techniques allows you to be certain about which techniques are working and which ones are not. It also helps you to see progress, even if it is slow at times.
- You will complete two forms as you implement the BIP with the individual you care for. First, you will record the reaction of the individual to the behavior intervention plan on an Intervention Data Sheet.
- Second, you will track the occurrences of the target behavior on the Challenging Behavior Intervention Graph from baseline and compare that to intervention (draw a line in the graph to separate the two phases).
- This “picture” of the individual’s behavior will allow you to see patterns and perhaps unusual occurrences in the individual’s days.
- You may be able to look back and see what might have occurred on a particular day that contributed to an unusual behavior episode on that day.
- You will need a separate graph for each target behavior.
- It is important to implement only one intervention strategy at a time for a specific target behavior, and then to measure progress and success with that technique before moving on to another intervention strategy for that target behavior. We need to know what “works”, and what doesn’t!

[Walk the class through the use of these two forms.]

[Ask:]

“Does anyone have any questions about the use of this form and graph”?

Intervention Data Sheet

Caregiver Name: _____

Direction: Use this data sheet to track changes during intervention. Each session is 10 minutes, defined as the duration of time you dedicate to behavior intervention per day. You may conduct as many sessions as you wish per day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same amount of sessions per day. Label the target behaviors in each column (from p. 20 C; p. 35 T). Use tick marks to count frequency of challenging behaviors. Return this sheet to your workshop trainer.

Example:

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
8/27/10	1	9 am				4
8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					



8. Review and Homework (7 minutes)

Review

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

“Okay, who can tell me, in plain language, something they learned today? “

[Be sure to let them know all they accomplished:]

In today’s session, we:

- Learned intervention techniques that are used to reduce challenging behaviors
- Used the data collected from the Functional Behavior Assessment to select the specific techniques to use to address the behaviors of the individuals you care for
- Created a Behavior Intervention Plan
- Prepared to implement the Behavior Intervention Plans and collect and graph data

[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Say:]

- *“Do you have any questions about implementing the Behavior Intervention Plan?”*
- *Do you feel ready to implement the BIP? If not, what are your concerns?”*
- *Will you be able to complete the Intervention Data Sheet and the Challenging Behavior Graphs?”*



[Say:]

“Does anyone have any questions at all?”

Homework

- Implement Personalized Behavior Intervention Plan and record results using Intervention Data Sheet and Challenging Behavior Graph.

Send Off

[Say:]

- *“In Session 5, we will discuss how the implementation of your BIPs went.*
- *Together, we will see if we need to modify the BIP or if you need more assistance to be able to implement it successfully.”*

[Thank the participants for their attention and dedication to the program. Dismiss them with encouragement.]

END OF SESSION 4



Session 5: Review of BIP Implementation

Preparing for this Session

Purpose – In this session you will:

- Discuss with participants how the implementation of their BIPs went.
- Modify their BIPs if needed, and
- Assist participants to be able to implement their BIP successfully.

At the conclusion of Session 5, you will review each of these accomplishments with the participants.

To Prepare -

- Read through the entire session in the Trainer Manual
- Review Session 4 content
- Make additional copies of the Behavior Intervention Data Sheet to bring to class





Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / _____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





1. Review (5 minutes)

[Instruct:]

Last session, we:

- Learned intervention techniques that are used to reduce challenging behaviors
- Used the data collected from the Functional Behavior Assessment to select the specific techniques to use to address the behaviors of the individuals you care for
- Created a Behavior Intervention Plan
- Prepared to implement the Behavior Intervention Plans and collect and graph baseline and intervention data

In today's session, we will:

- Discuss how the implementation of the BIPs went
- Modify the BIPs if we need to, and
- Address any challenges you're having with the BIP

2. Discuss Results of the BIP (50 minutes)

[Instruct:]

This session provides an opportunity to examine caregivers' experience with implementing the BIP developed in Session 4.

[Have participants take out their BIP Intervention Data Sheets and Challenging Behavior Graphs so the group members can share their experience.]

[Ask the participants to quietly answer the questions in the caregiver manual. After a few minutes, read each question and discuss as a group.]

- What techniques seemed to work best at discouraging the target behaviors?
- What techniques seemed to be ineffective at discouraging the target behavior?
- Are your goals still realistic? If anyone thinks their goals are not realistic, ask how they might restate them.



- What part of the behavior intervention plan was most difficult for you to implement? Why?
- What would improve your ability to implement the intervention techniques?
- Do you think you need to modify the behavior intervention plan? If so, be sure to spend time with that caregiver to discuss the needed modifications. Be sure the caregiver documents the needed changes and understands what is changing in the BIP.

[Be sure to help the caregivers determine if a technique is truly ineffective or if the individual might be escalating their behavior in an attempt to get the reaction he used to get from the caregiver prior to the BIP.]

[This is the session in which caregivers may need to hear “Stay the course. It will get better.”]

3. Feedback and Consultation (20 minutes)

[Be sure to confirm that each participant has had all of his or her concerns addressed.]

[Speak individually with each caregiver who has expressed any concerns or reported any challenges in implementing the BIP. Be sure you understand each caregiver’s issues and work with each caregiver to brainstorm solutions.]

4. Modify Behavior Intervention Plan as Needed (20 minutes)

[Instruct each caregiver to go back to their BIP and modify it as needed. Be sure each caregiver understands the changes being made.]

5. Review and Homework (15 minutes)

[By asking questions of the participants, review what was accomplished in this session.]

[Ask:]

“Okay, what did we do today? “

“Why was this step important?”



“Is everyone comfortable with continuing to implement the BIP?”

[Be sure to let them know all they accomplished:]

- discussed the implementation of the BIPs
- modified the BIPs as needed, and
- addressed any challenges you’re having implementing the BIP

[Walk participants through “Are you ready for your homework?” in their manual. Answer any questions.]

Are you ready for your homework?

[Say:]

- *“Do you have any questions about implementing the modified Behavior Intervention Plan?”*
- *“Have all your concerns about implementing the BIP successfully been addressed?”*

[If someone still has concerns, be sure to speak with that caregiver and suggest solutions to the issues.]

[Ask:]

“Does anyone have any questions at all?”

Homework

- Continue implementation of the BIP and recording the results

[Hand out additional copies of the Behavior Intervention Data Sheet so that caregivers will be sure to have enough for recording their sessions.]



Send Off

[Say:]

- *“In Session 6, we will again discuss how the implementation of your BIP is going and see if we need to modify the BIP or if you need more assistance to be able to implement it successfully.*
- *We will also create a plan for continued follow-up consultation.”*

[Thank the participants for their attention and dedication to the program. Dismiss them with encouragement.]

END OF SESSION 5



Session 6: Follow-Up and Consultation

Preparing for this Session

Purpose – In this session you will:

- Discuss with participants how the implementation of their BIPs is going
- Modify their BIPs if needed,
- Collect intervention data from participants, and
- Assist participants to be able to implement their BIP successfully.

At the conclusion of Session 6, you will review briefly all that has been accomplished in all six of the sessions.

To Prepare -

- Review all the sessions in the Trainer Manual
- Determine how you will make yourself available to participants for follow-up consultation. You may wish to hand out your contact information during the class
- Determine how you will return data sheets to participants who want to keep their data.





Targeting the Big Three: Challenging Behavior, Mealtime Behavior and Toileting

Sign-In Sheet

WORKSHOP (circle one): Challenging Behavior, Mealtime, Toileting

TRAINER: _____

Date: ____ / ____ / _____

	Participant Name <i>(First, Last)</i>	Phone Number	Email	Primary Role <i>(Caregiver /Support Staff)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				





1. Review and Discuss Results of BIP (30 minutes)

[Instruct:]

Last session, we:

- discussed the implementation of the BIPs
- modified the BIPs as needed, and
- addressed any challenges you're having implementing the BIP

In today's session, we will:

- Discuss how the implementation of the BIP went this past week
- Modify the BIP if we need to,
- Address any challenges you're having with the BIP, and
- Make a plan for any needed follow-up consultation or assistance

[Instruct:]

This session provides another opportunity to examine caregivers' experience with implementing the BIP developed in Session 4.

[Have participants take out their BIP Intervention Data Sheets and Challenging Behavior Graphs so the group members can share their experience.]

[Ask the participants to quietly answer the questions in the caregiver manual. After a few minutes, read each question and discuss as a group.]

[Be sure to help the caregivers determine if a technique is truly ineffective or if the individual might be escalating their behavior in an attempt to get the reaction he used to get from the caregiver prior to the BIP].

- What techniques seemed to work best at discouraging the target behaviors?
- What techniques seemed to be ineffective at discouraging the target behavior?
- Are your goals still realistic? If anyone thinks their goals are not realistic, ask how they might restate them.
- What part of the behavior intervention plan was most difficult for you to implement? Why?



- What would improve your ability to implement the intervention techniques?
- Do you think you need to modify the behavior intervention plan? If so, be sure to spend time with that caregiver to discuss the needed modifications.

[Be sure the caregiver documents the needed changes and understands what is changing in the BIP.]

[Collect data sheets and tell participants how you intend to return them.]

2. Modify Behavior Intervention Plan as Needed (15 minutes)

[Instruct each caregiver to go back to their BIP and modify it as needed. Be sure each caregiver understands the changes being made.]

3. Create a Plan for Continued Consultation with the Trainer (15 minutes)

[Instruct:]

- A key component of Targeting the Big Three is the ongoing availability of the trainers for follow-up consultation.
- As stated in Session 3, implementing behavior interventions is a long term process that requires consistency and dedication to result in improved behavior. It may take time to see improvement, even if you are implementing the techniques perfectly.
- Each caregiver has only been implementing their BIP for two weeks now.
- ***It is essential to your success that you continue to implement the BIP beyond the conclusion of this training.***
- For that reason, I (the trainer of this workshop) will remain available to you in the following ways:
 - Phone calls
 - Demonstration of specific intervention techniques
 - E-mails
 - Scheduled visits to demonstrate techniques or observe (if possible)
 - Providing extra copies of data sheets and forms



[Ask participants to reflect on their progress and determine their ongoing need for assistance; walk them through the questions on p. 105 C (p. 139 T) in their manual. Remind them to document their answers in their manuals:]

- *“Do you plan to continue working to implement the BIP for this individual?”*
- *If yes, do you think the BIP will need further fine tuning? In what ways?*
- *What parts of the BIP are continuing to be a challenge for you?*
- *How could I assist you with overcoming these challenges? (e.g., phone calls, meetings, home visits to demonstrate techniques)*
- *Do you anticipate moving on to use FBA to understand and address additional behaviors once the most challenging behaviors are reduced?”*

[Instruct the caregivers to document a plan for future meetings, phone calls, or demonstrations of techniques using the form on p. 106 C (p. 139 T) of their manual. Walk them through completion of all sections of this form.]

[Provide the caregivers your contact information and tell them your preferred method of communication.]

BIP Follow-Up Plan

Date of Next Contact	Type of Contact	Trainer Contact Info
		Name: E-Mail: Phone:



4. Review (20 minutes)

[Review all that the caregivers learned and accomplished throughout the six sessions:]

Session 1	<ul style="list-style-type: none"> • Got to know the individuals you care for • Introduced Applied Behavior Analysis and learned how to discover the purpose or “function” of someone’s challenging behavior • Defined the specific target behaviors you wanted to improve • Set realistic behavioral goals • Learned how to collect baseline data on the target behaviors
Session 2	<ul style="list-style-type: none"> • Reviewed baseline data • Learned how to determine the preferences of the individual you care for so that you could use these preferences (either specific foods, toys, or favorite activities) to motivate behavioral change • Learned how to work with individuals using a three-step guided compliance model that allowed you to offer just the right amount of help to the person you support as they learn
Session 3	<ul style="list-style-type: none"> • Reviewed results of preference assessments • Determined the purpose or function of the challenging behavior of the individual you support
Optional Session 3a	<ul style="list-style-type: none"> • Learned how to teach individuals with limited communication skills more effective and functional communication strategies
Session 4	<ul style="list-style-type: none"> • Reviewed results of Functional Behavior Assessment • Learned strategies to effectively respond to challenging behavior in ways that have been proven to help reduce the behavior • Used the data you collected about the individual you support to develop a Behavior Intervention Plan to reduce challenging behaviors
Session 5	<ul style="list-style-type: none"> • Reviewed implementation of the Behavior Intervention Plan • Modified the Behavior Intervention Plan when needed
Session 6	<ul style="list-style-type: none"> • Reviewed implementation of the Behavior Intervention Plan • Modified the Behavior Intervention Plan when needed • Planned for additional follow-up consultation with the trainer



5. Workshop Evaluations (10 minutes)

[Hand out evaluation sheets and allow time for caregivers to complete the forms. Collect the forms.]

[Complete the trainer evaluation of the workshop on p. 145 T and send it with the participant evaluation sheets to Helen Yoo.]

Send Off

[Thank the participants for their attention and dedication to the program. Dismiss them with encouragement to:

- Refer back to their manuals as needed to refresh their understanding of function-based interventions
- Continue implementing the BIP (It takes time!), and to
- Get in touch with you if they encounter any obstacles.]

A Note to Trainers about Follow-Up

- Provide caregivers your preferred means of communication (phone or email)
- Tell them how promptly you will be able to respond to their communications.
- Each time a BIP needs amending, be sure the caregiver understands and documents the change.
- Keep extra copies of the data sheets and intervention graphs on hand to mail out upon request.
- Keep a class list of all participants and their contact information.

END OF SESSION 6

**This is the end of the training sessions for
Targeting the Big Three: Challenging Behaviors.**

Thank you.



Targeting the Big Three

Caregiver's Program Evaluation

Target behavior (circle one): Challenging behavior, Mealtime behavior, Toilet training

DDSO: _____ Trainer: _____ Today's Date: __ / __ / ____

1. Overall, how satisfied were you with the workshop trainings?

- 1) Very dissatisfied
- 2) Dissatisfied
- 3) Neither satisfied nor dissatisfied
- 4) Satisfied
- 5) Very satisfied

2. In general, how effective was the curriculum for the individual you are working with?

- 1) Ineffective
- 2) Somewhat effective
- 3) Neither effective nor ineffective
- 4) Very effective
- 5) Extremely effective

3. At the end of the program, the individual's target problem behaviors are:

- 1) Worse
- 2) Slightly worse
- 3) About the same
- 4) Improved
- 5) Significantly improved

4. The training was presented in a concise and easy to understand manner.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

5. The amount of work (training) required was at a reasonable level for the challenges I was facing.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

6. Will you continue to follow the guidelines?

- 1) Definitely not
- 2) Probably not
- 3) Not sure-Maybe
- 4) Probably
- 5) Definitely

7. I feel that the methods involved with the trainings were ethically sound.

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

8. The trainer was flexible and open to suggestions or concerns

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

9. The trainer was knowledgeable, thoroughly trained and easy to work with

- 1) Totally disagree
- 2) Somewhat Disagree
- 3) Neither agree or disagree
- 4) Somewhat agree
- 5) Totally agree

10. Please provide suggestions you might have that would assist us in making our training program more effective:

Targeting the Big Three

Trainer's Program Evaluation

DDSO: _____ Trainer: _____ Today's Date: __ / __ / ____

1. Overall, how satisfied are you with the *Targeting the Big Three* program?

- 6) Very dissatisfied
- 7) Dissatisfied
- 8) Neither satisfied nor dissatisfied
- 9) Satisfied
- 10) Very satisfied

2. In general, how helpful was the written curriculum (manuals) you received?

- 6) Not helpful
- 7) Somewhat helpful
- 8) Neither helpful nor unhelpful
- 9) Very helpful
- 10) Extremely helpful

3. In general, how effective was the in-person workshop you attended to become a trainer?

- 1) Ineffective
- 2) Somewhat effective
- 3) Neither effective nor ineffective
- 4) Very effective
- 5) Extremely effective

4. The curriculum and workshops were easy to understand and user-friendly for me to conduct.

- 6) Totally disagree
- 7) Somewhat Disagree
- 8) Neither agree or disagree
- 9) Somewhat agree
- 10) Totally agree

5. Overall, after completion of the workshop, participants' ability to deal with target problem behaviors are:

- 6) Worse
- 7) Slightly worse
- 8) About the same
- 9) Improved
- 10) Significantly improved

6. Overall, my day-to-day ability to help parents and caregivers deal with the target problem behaviors are:

- 1) Worse
- 2) Slightly worse
- 3) About the same
- 4) Improved
- 5) Significantly improved

7. The amount of homework and effort required was at a reasonable level for the participants.

- 6) Totally disagree
- 7) Somewhat Disagree
- 8) Neither agree or disagree
- 9) Somewhat agree
- 10) Totally agree

8. Will you continue to follow the curriculum in your future work?

- 6) Definitely not
- 7) Probably not
- 8) Not sure-Maybe
- 9) Probably
- 10) Definitely

9. Will you continue to train parents and caregivers using Targeting the Big Three curricula?

- 6) Definitely not
- 7) Probably not
- 8) Not sure-Maybe
- 9) Probably
- 10) Definitely

10. Please provide suggestions you might have that would assist us in making our training program more effective (Use back of sheet if additional space is needed):

Please send completed form to: J Helen Yoo * IBR Dept of Psychology * 1050 Forest Hill Road * Staten Island NY 10314



Forms



**Antecedent-Behavior-Consequence (ABC) Data Sheet
 Direct Functional Assessment**

Date/ Time	Antecedent (Before)	Challenging Behavior	Consequence (After)
<i>Example:</i> 9/10/2010 mo/day/year 9 AM ___ PM	Making an error Parent request or demand Child request or demand Transition to another setting Transition to a different activity Social Interaction with others Playing alone Item/food removed Wanting "his way"	Aggression Disruption Self-injury Tantrum Non-compliance Property destruction Elopement (walking away)	Praise Change task or activity, redirection Reprimand Prompt Ignore Reward removed Demand (work/task) removed
___ / ___ mo day ___ AM ___ PM			
___ / ___ mo day ___ AM ___ PM			
___ / ___ mo day ___ AM ___ PM			
___ / ___ mo day ___ AM ___ PM			
___ / ___ mo day ___ AM ___ PM			



Baseline Data Sheet

Caregiver Name: _____ **Date:** ___ / ___ / ___

Direction: Use this data sheet to track baseline levels of challenging behavior. Each session is 10 minutes, defined as the duration of time you dedicate to observation. You may conduct as many sessions as you wish per day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same number of sessions per day to keep things consistent. Label the target behaviors in each column (from p. 20 C; p. 35 T). Use tick marks to count the frequency of challenging behaviors. Return this sheet to your workshop trainer.

Example:

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
8/27/10	1	9 am				4
8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					

Example:



Analogue FA Data Sheet

Direction: Label the target behaviors in each column (from pg. 20). Use tick marks to count frequency of problem behaviors in each condition. Use separate one for each session.

Example:

Condition	Target behavior 1 Self-Injury	Target behavior 2 Hitting mom	Target behavior 3 Throwing objects	Total Problem Behaviors
1. Demand	### IIII	###		14
2. Tangible		IIII		4
3. Social Attention			### III	8
4. Mands				0
5. Free Time				0
6. Alone				0

In the above example, the most likely function of self-injury is to escape demands. Hitting mom has led to getting out of demands and getting access to items. Throwing objects is used to gain social interaction. *The priority for intervention should be demand.*

Session 1

Date: ___ / ___ / ____

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 2

Date: ___ / ___ / ___

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 3

Date: ___ / ___ / ___

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 4

Date: ___ / ___ / ____

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 5

Date: ___ / ___ / ____

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

- Function of Target Behavior 1 : _____
- Function of Target Behavior 2: _____
- Function of Target Behavior 3: _____



FCT Target Response Table

Using the results of your Functional Behavior Assessment (the QABF, ABC Data Sheet and the Analogue FA), develop the target response you think you should teach the individual you care for. There may be more than one target response for a behavior. Complete the following table:

Name of Individual: _____

<u>Target Behavior</u>	<u>Function</u>	<u>Target Response</u>
<u>Example: Hitting Mom</u>	<u>to get out of doing difficult tasks</u>	<u>I need a break!</u>
1.		
2.		
3.		



FCT Trials Data Sheet

Name of Caregiver: _____

Individual's Mode of Communication (check the one that applies):

- Verbal (spoken)
- Sign Language
- Gestural
- Picture Exchange Communication System (PECS)
- Voice Output Communication Aid (VOCA)
- Other augmentative communication (list): _____

For each trial, indicate the prompt level required from the caregiver:

- Independent communication, no prompt required
- Verbal
- Gestural/Modeling
- Physical (hand-over-hand)

Target Response being taught: _____

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

Target Response being taught: _____

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					



Personalized Behavior Intervention Plan

For: _____

Date: _____

1. Results from Functional Behavior Assessment

Function(s) of the Challenging Behavior from the Indirect FBA (**QABF**):

Challenging Behavior	Function

Function(s) of the Challenging Behavior from the Descriptive FBA (**ABC data**):

Challenging Behavior	Function

Function(s) of the Challenging Behavior from the Analogue FA (**Analogue FA Data Sheet**):

Challenging Behavior	Function

- 2. **Treatment Package** (select from suggested Behavioral Interventions on p. 72-78 C; p. 101-111 T).

For Challenging Behavior 1: _____

Do's

- 6. _____

- 7. _____

- 8. _____

- 9. _____

- 10. _____

Don'ts (list what's most difficult for you when working with the individual)

- 4. _____
- 5. _____
- 6. _____

For Challenging Behavior 2: _____

Do's

- 1. _____

- 2. _____

- 3. _____



4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____

2. _____

3. _____

For Challenging Behavior 3: _____

Do's

1. _____

2. _____

3. _____

4. _____

5. _____

Don'ts (list what's most difficult for you when working with the individual)

1. _____

2. _____

3. _____



Behavior Intervention Plan (standard format)

Name of Individual: _____ BIP implementation date: __/__/____

BEHAVIORAL GOALS

1. _____
2. _____
3. _____

TARGET BEHAVIORS & DATA COLLECTION

Self-injury (_____), aggression (_____), disruption (_____). Frequency data were collected for all behaviors.

PREFERENCE ASSESSMENT

A paired-choice preference assessment was conducted to identify potential reinforcers. Results indicated that the most highly preferred item was _____.

FUNCTIONAL BEHAVIOR ASSESSMENT

Function(s) of the Target Behavior from Indirect FBA (QABF):

1. _____
2. _____
3. _____

Function(s) of the Target Behavior from Descriptive FBA (ABC data):

1. _____
2. _____
3. _____

Function(s) of the Target Behavior from Analogue Functional Analysis:

1. _____
2. _____
3. _____

INTERVENTION

Example: Intervention for Escape from Demand Function

<p>Intervention Teach functional communication to replace hitting to get out of work. Sam will use a PECS card to ask for a "break" (instead of hitting). She will be given a short break and praise for appropriate communication. All hitting will be ignored.</p>
--

Intervention for _____ Function

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention for _____ Function

1. _____
2. _____
3. _____
4. _____
5. _____



Intervention Data Sheet

Caregiver Name: _____

Direction: Use this data sheet to track changes during intervention. Each session is 10 minutes, defined as the duration of time you dedicate to behavior intervention per day. You may conduct as many sessions as you wish per day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same amount of sessions per day. Label the target behaviors in each column (from p. 20 C; p. 35 T). Use tick marks to count frequency of challenging behaviors. Return this sheet to your workshop trainer.

Example:

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
8/27/10	1	9 am				4
8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					







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