

Autism Initiative: Training Series

Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation Chapter 4.1: Monitoring and Evaluating

Summary

This chapter module explains how to define and record behavior and examines the importance of using precise operational definitions in behavioral programming. Also, inter-observer agreement is described in relation to defining target behaviors and six program goals are presented and defined: acquisition, acceleration, deceleration, maintenance, generalization, and mastery. A discussion of the importance of individualization of goals and careful monitoring and evaluation of them to attain behavioral changes is also provided.

Learning Objectives

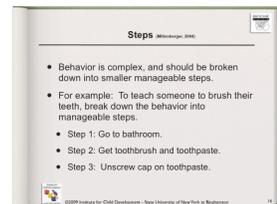
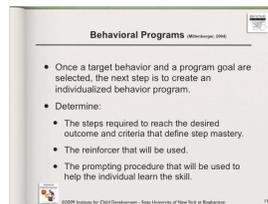
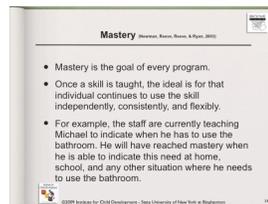
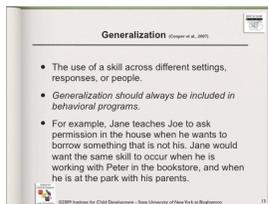
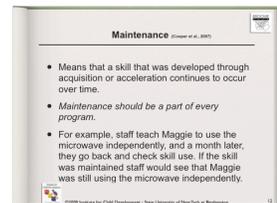
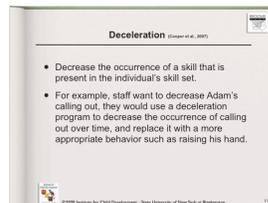
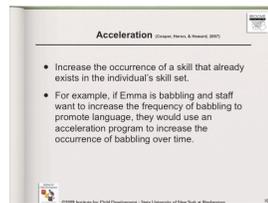
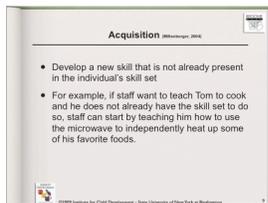
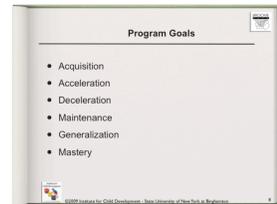
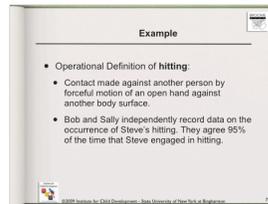
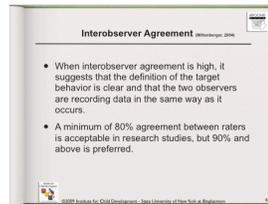
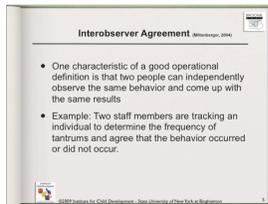
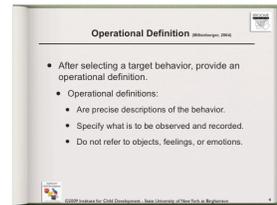
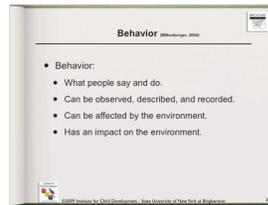
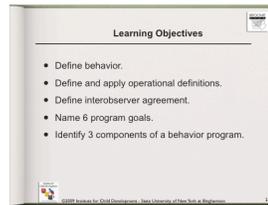
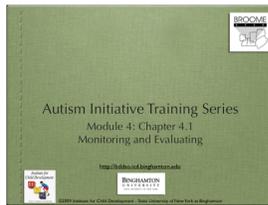
1. Define behavior.
2. Define and apply operational definitions.
3. Define inter-observer agreement.
4. Name 6 program goals.
5. Identify 3 components of a behavior program.

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Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation

Chapter 4.1: Monitoring and Evaluating

Slides



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Reinforcement (McIntyre, 2004)

- Choose a reinforcer that is effective at reinforcing the behavior in the program.
- Reinforcement is determined on an individual basis.
 - If the reinforcer chosen is not rewarding, the behavior may not change as outlined in the program.

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Prompting (McIntyre, 2004)

- Included in the behavior program so that when the individual does not engage in the target behavior, support is given to help them do so.
- For example, if the staff are teaching Sam to appropriately get someone's attention when they are in a conversation and Sam interrupts by pulling your shirt when you are talking, you can verbally prompt him by saying, "What do you say when someone is speaking?"

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Criteria for Mastery (McIntyre et al., 2003)

- Mastery criteria states how successful the individual must be at the target behavior before moving to the next step or completing a goal.
- Build mastery criteria into each behavior program as they are being written.
- For example, if working on decreasing the frequency of kicking that occurs 15 times per hour, mastery criteria for decreasing kicking might be 0 kicks or 10 kicks.

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Plan for Maintenance and Generalization (McIntyre et al., 2003)

- Plan for skill maintenance and generalization to be sure that the skill continues to occur over time and across settings and situations.
- Teaching a skill is the easy part, having the skill occur over time, in varied settings and situations, is the difficult part.
- Success is defined by the behavior continuing to occur after the teaching procedure has ended.

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Monitoring

- Just because a skill was mastered during teaching does not mean that monitoring and behavioral recording stop.
- Continually monitor and evaluate behavior programs, goals, and outcomes.
- By continually monitoring behavior programs, it is easier to evaluate progress and growth for each individual.

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Scripts

Slide One:

This is module four chapter 4.1: Monitoring and Evaluating.

Slide Two:

In this chapter, you will learn how to: define behavior, define and apply operational definitions, define interobserver agreement, name six program goals, and identify three components of a behavior program.

Slide Three:

Behavior is what people say and do. It can be observed, described and recorded. Behavior can be affected by the environment, and also has an impact on the environment.

Slide Four:

Once a target behavior is selected the next step is to make an operational definition. As you may recall from the previous module, operational definitions are precise descriptions of a target behavior and can be created by observing and recording what the behavior looks like. They should not include a person's emotions or feelings. It is often the case that an operational definition for a target behavior will be different for different people.

Slide Five:

A good operational definition is precise enough that two people can independently observe the same behavior and agree that the target behavior did or did not occur. For example: if two staff members are tracking tantrum behavior to determine the frequency of tantrums and agree that the behavior occurred or did not occur, then you can say that interobserver agreement is good.

Slide Six:

When interobserver agreement is high it suggests that the definition of the target behavior is clear because two independent observers were able to record data in the same way. A minimum of 80% agreement between raters is accepted, but 90% agreement and above is preferred.

Slide Seven:

If staff wanted to make up an operational definition for hitting, staff could observe the individual engage in the target behavior (hitting) and record what the behavior looks like. Staff could then use the operational definition they created, such as any contact made against another person by forceful motion of an open hand against another body surface. If Bob and Sally independently record data on the occurrence of Steve's hitting and they agree that Steve hit 95% of the time, they have high interobserver agreement and therefore, a clear operational definition.

Slide Eight:

In addition to writing clear operational definitions, there are other parts of the program that are equally

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important. More specifically, it is important to know the six different types of program goals. They are acquisition, acceleration, deceleration, maintenance, generalization, and mastery. Each of these types of program goals will be discussed individually in the next series of slides.

Slide Nine:

Acquisition should be chosen as a program goal when the goal is to develop a new skill that is not already present in the individual's skill set. For example, if staff want to teach Tom how to cook and he does not already do so, staff can start by teaching Tom how to use the microwave to independently heat up some of his favorite foods.

Slide Ten:

If the goal of the program is to increase the occurrence of a skill that is already present in the individual's skill set, the program goal would be acceleration. For example, if Emma is babbling and the staff want to increase the frequency of babbling to promote language, they can use an acceleration program to increase the occurrence of babbling and promote future language development.

Slide Eleven:

If an individual is engaging in maladaptive or inappropriate behavior too often, we would want to use a deceleration program to decrease the occurrence of the behavior. You should use acceleration programs to increase alternative, adaptive behaviors while using deceleration programs on the less desirable behaviors. This way appropriate behavior is increasing while inappropriate behavior is decreasing. For example, if staff want to decrease Adam's calling out, they could use a deceleration program to decrease the occurrence of calling out, while reinforcing hand raising. This way the inappropriate behavior is decreasing, while the appropriate behavior is increasing.

Slide Twelve:

Maintenance means that a skill developed through acquisition or acceleration continues to occur over time. Maintenance should be a part of every behavior program in order for a program to be successful. This means that the behavior must continue to occur even after the program goal has been reached. For example, if the staff teach Maggie to use the microwave independently and they check her microwave skills a month later, Maggie would have maintained the skill if she still used the microwave independently.

Slide Thirteen:

Generalization is the use of a skill across different settings, behaviors, or people. Generalization should always be included in behavioral programs because a skill is most effective when it occurs in additional settings and situations outside the training setting. For example, if Jane teaches Joe to ask permission in the house when he wants something that is not his, Jane would also want the behavior to occur when he is working with Peter in the bookstore or when he is at the park with his parents.

Slide Fourteen:

Mastery is the end goal of every behavior program. Once a skill is taught, the learner should continue to use the skill independently, consistently, and flexibly. The individual has mastered a skill when they are able to use the skill across time, settings, and situations. For example, if the staff are currently teaching

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Michael to indicate when he has to use the bathroom, he will have reached mastery when he is able to indicate this need at home, school, and any other situation where he needs to use the bathroom.

Slide Fifteen:

Once a target behavior and a program goal are selected, the next step is to make the program specific to the individual person. This means that the steps and mastery criteria required to complete the program goal must be determined. Any reinforcer that will be used must be selected based on the individual's preference and prompting procedures should be the least restrictive method needed to assist the learner. All of these steps lead to the development of an effective behavior program.

Slide Sixteen:

Once the target behavior is selected it must be broken down into smaller, manageable steps. These steps are determined on an individual basis because the steps that work for one individual may not work for another individual. If staff want to teach an individual to brush his or her teeth, they might first perform the task themselves in order to make sure the steps are correct. For example: 1- Go to the bathroom, 2- Get toothbrush and toothpaste, 3- Unscrew cap on toothpaste, etc. These steps would continue until the entire task is complete.

Slide Seventeen:

As discussed earlier, a reinforcer is a stimulus or event that increases the future likelihood that a behavior will occur. Reinforcers should be determined on an individual basis. What functions as reinforcer for one person might not be a reward for someone else. This will affect the success of the program because the outcome will not be rewarding.

Slide Eighteen:

Prompting is a procedure that is used to assist the learner in successful completion of the target behavior. For example, if the staff are teaching Sam to appropriately get someone's attention when they are in a conversation and Sam interrupts by pulling your shirt when you are talking, you can verbally prompt him by saying, "What do you say when someone is speaking?"

Slide Nineteen:

Mastery criteria states how successful the individual must be at the target behavior before moving to the next step or completing the goal. Mastery criteria must also be determined on an individual basis. For example, if trying to decrease the frequency of kicking that occurs 15 times per hour, mastery criteria for decreasing kicking might be zero kicks or ten kicks. When the kicking has decreased to these set amounts, mastery criteria have been met and the program should be considered complete.

Slide Twenty:

Maintenance and generalization must be planned early on in program development. Teaching the skill is easy; having the skill occur over time in different settings and situations is the difficult part. Remember, success is defined, as the behavior continuing to occur after the teaching procedure has ended.

Slide Twenty-one:

Monitoring and evaluation is a constant procedure. Mastery of a skill does not mean that monitoring and



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evaluation should stop. In fact, it is very important to continually monitor and evaluate behavior programs, goals, and outcomes. Consistent monitoring makes evaluation of the program progress easier.

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Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation

Chapter 4.2: Evaluation Methods, Practice and Feedback

Summary

This module discusses behavioral skills training and provides information about using the four components of behavioral skills training to increase consistency in data collection. The four components of behavioral skills training programs include: modeling, instructions, rehearsal and feedback. Each of the four components of behavioral skills training are defined and discussed in relation to working with individuals with autism.

Learning Objectives

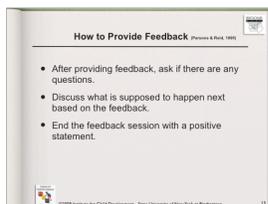
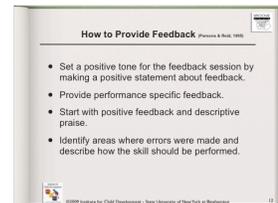
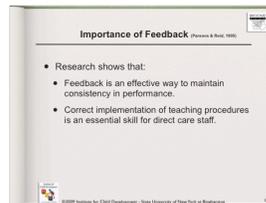
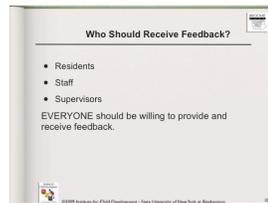
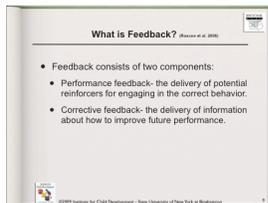
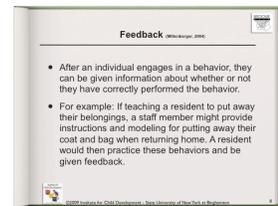
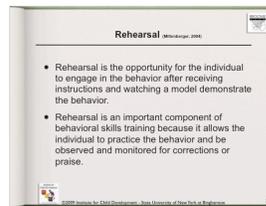
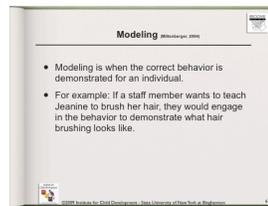
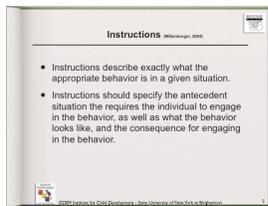
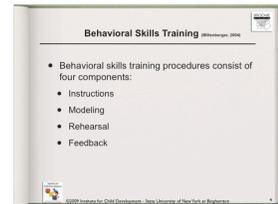
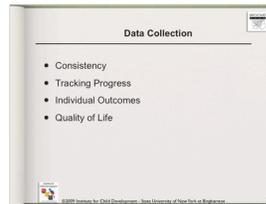
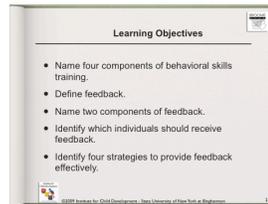
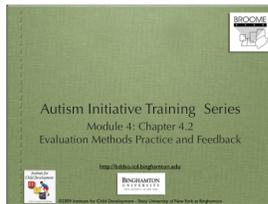
1. Name four components of behavioral skills training.
2. Define feedback.
3. Name two components of feedback.
4. Identify which individuals should receive feedback.
5. Identify four strategies to provide feedback effectively.

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Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation

Chapter 4.2: Evaluation Methods, Practice and Feedback

Slides



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Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation

Chapter 4.2: Evaluation Methods, Practice and Feedback

Scripts

Slide One:

This is module four chapter 4.2: Evaluation Methods Practice and Feedback.

Slide Two:

After completing this chapter, you will be able to: name four components of behavioral skills training, define feedback, name two components of feedback, identify which individuals should receive feedback and identify four strategies to provide feedback effectively.

Slide Three:

Before we move into discussing the components of training and feedback, it is important to reiterate the reason that staff should take data. In the last chapter, you learned about all the considerations for monitoring and evaluating behavior, but you cannot evaluate behavior or individual needs without documenting information about that behavior. Having clear operational definitions and planning for maintenance and generalization are important. Yet you have no way of demonstrating that a behavior has occurred or has been maintained if you aren't writing down information on its occurrence. If everyone is taking data as defined by the behavioral program or goal, there will be greater consistency across staff members and shifts. Also, data collection allows the treatment team to track progress so that changes can be made to individual goals to support best outcomes. Data collection might seem as though it would be difficult, but your treatment team and supervisor can work with you to target specific behaviors that should have data recorded for each day. This helps you to focus on what needs have to be addressed throughout each day. If you skip taking data for any amount of time, be it an hour or a day, you might be missing critical information for an individual's goal achievement and progress. Perhaps the day you forgot to take data, an individual was able to independently complete all their goals for the first time. At the shift meeting for that individual, you might tell your team that the individual did well that day, but if the data aren't recorded you may have forgotten how many times it happened or what praise was given. But if you take data when behavior occurs, you will be able to remember what happened and what was said, as well as be more accurate in reporting details about the behavior. And finally, as we have mentioned throughout this training series, consistency and communication of gains are key to a quality of life for the individuals in the homes. By maintaining consistent data, you can help them to achieve their goals, meet their needs, and increase their autonomy on a daily basis.

Slide Four:

Now we will focus a little more on procedural methods that will enhance learning. These can apply to skill learning for specific behaviors or even learning to take data effectively. So before introducing feedback and its application in residential settings, it is important to understand how feedback fits into the behavioral skills procedures introduced earlier in the training series. You have already been introduced to a variety of procedures to assist individuals in skill acquisition and behavioral reduction. Behavioral skills training applies more to the actual learning and practice in order to improve targeted

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skills. Each of these components is critical for learning to occur and you may find them helpful on a daily basis during your workday in the group home. These are specific methods for skill training that can be used in various ways. For example, the procedures you have learned about earlier in this training series have been discussed in relation to individual behavior and developing individual skills in the home, but these procedures are also effective for your training and skill development as a staff member. The bulk of this chapter will focus on the application of these important components to your role in the learning process within the home. The four components that will be presented next include instructions, modeling, rehearsal, and feedback.

Slide Five:

First, we will review instructions. These are exactly what they sound like. Basically, instructions describe exactly what the appropriate behavior is in that situation. These instructions must be thorough and include a description of the antecedent situation, what the behavior looks like, and what the consequence will be for engaging in the behavior. For an individual, this might mean providing a written, verbal or picture description of the setting, followed by an image of the individual engaging in an appropriate behavior in that setting, and then an image of the reinforcer that will be available after that behavior is performed. For a staff member, instructions on how to correctly take data might indicate that an individual must be in a designated area before engaging in a behavioral goal, the specific description of how a staff member should correctly record the behavior data for that individual, and the results that will occur due to the correct data recording. Staff would be reinforced by effectively contributing to the treatment planning and evaluation of goals by knowing all parameters for behavioral data collection. Another example of instructions for staff could be a user manual or instructional training guide for using new workplace materials or computer software.

Slide Six:

However, not all individuals can be successful in learning new skills by simply following instructions and more direct support may be needed. This can be achieved by using the next component called modeling. This is when the correct or desired behavior is demonstrated for an individual so that they can see exactly what they are supposed to do. As indicated on this slide, if a staff member wants to teach Jeanine to brush her hair they would demonstrate hair brushing to Jeanine so she could imitate the behavior. This can also be an effective way for staff to learn skills as well. For example, using a new software program might be challenging for some members of the treatment team and instructions might not be easy to follow for new learners. So, a supervisor or clinician who is familiar with the computer program could demonstrate how to enter information and data and the staff member could then imitate the supervisors' actions to become more adept at using the new system.

Slide Seven:

After implementing instruction and/or modeling, it is important to practice the skill that was just acquired. This is called rehearsal. Rehearsal allows an individual to develop the skill in a supervised setting so that they are able to perform the task or ability without errors whenever possible. Just as riding a bike or driving a car becomes easier as you practice, so will other behaviors. Going back to our example of a computer software program, a staff member who continuously uses a system under supervision will eventually be able to use the program with very little assistance. They will know where the items are that they need to locate, as well as what buttons to click or what information to enter in the

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open spaces on the screen. Rehearsal is also important for data collection. As presented earlier, there are many ways that data collection can enhance communication and track progress for individuals over time. Staff members who practice correctly taking data can help keep the records for goal achievement accurate. This allows individuals to make gains more quickly as well as assisting in the shaping of new goals over time. Supervisors can also practice data collection on staff use of behavioral programs to help ensure that programs are delivered correctly. If everyone uses rehearsal for their newly introduced skills, improvement is more likely to occur across the treatment team.

Slide Eight:

Nevertheless, you can practice a skill repeatedly and have a poor outcome. You might be practicing the skill, but practicing it the wrong way! However, you cannot know that unless you receive what is called feedback. This is when an individual rehearses behavior specified in instructions and/or modeling, and is given information about how well they did. This means that any errors in performing the behavior can be corrected to increase the chance of successful performance. This is critical to skill building in all domains for all individuals. The idea is not to focus on what you did wrong, but instead to help you make sure you are meeting your potential to succeed. As presented here, if an individual needs to learn to put away their belongings when they return home, a staff member could provide instructions and modeling for how to do so. Then, as the individual practices or rehearses the behavior, the staff member would supervise them. If they were able to put their coat and bag away correctly, the staff member would praise them. If they put their coat away and left their bag on the couch the staff member could provide feedback by saying, “ Good job putting away your coat, but you forgot your bag. This is how you put away your bag. Try again.” When staff are learning new procedures, such as positive reinforcement or prompting, supervisors should also provide feedback to help staff perform these methods effectively. For example, if a staff member is practicing praise, they might say, “Great job!” A supervisor could then say, “That was good, but try labeling what the person did correctly.” The staff member might then say, “Great job putting away your coat!” This level of feedback can then not only help the staff member engage in the correct behavior, it will help the individuals know what they have done correctly.

Slide Nine:

But feedback is not just about telling someone what they did. There are actually two different kinds of feedback. They are called performance feedback and corrective feedback. Performance feedback is when reinforcement is given for a correct behavior. In our example on the previous slide, providing praise to an individual for putting away their belongings is an example of performance feedback. The other type of feedback is corrective feedback. This is when information is provided to the individual performing the behavior to improve their future performance. Again, from our previous example the supervisor’s suggestion for the staff member to label the praise was an example of corrective feedback. As you remember, the corrective feedback was not said negatively. Instead the importance is to focus on what can be done better. So the supervisor made sure to tell the staff member that they did well, but that labeling what the individual did correctly would be better. Both of these types of feedback are important. Individuals who are developing skills need to be told when they do a good job just as much as they need guidance to improve. But that raises the question of who should receive feedback during skill acquisition and maintenance and who should give it.

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Slide Ten:

The answer to those questions is that everyone should be willing to give and receive feedback. This includes individuals, staff, and supervisors. Many of our examples have involved staff giving feedback to individuals or supervisors giving feedback to staff, but all parties can give feedback to each other. Individuals can provide feedback to staff and supervisors, and staff members should be able to offer suggestions for improvement to their supervisors. An effective treatment team and successful program involves consideration of everyone's rights and goals, and providing feedback to one another increases the opportunity to improve the overall performance of the home. Also, this open system of communication can help to alleviate staff and caregiver stress by allowing suggestions to be shared and improvements to be made as a team.

Slide Eleven:

Also, research has shown that feedback is important to learning, and supervisory feedback following staff training is an important variable in maintaining staff performance (Fleming & Sulzer-Azaroff, 1989). This evidence suggests that feedback should be ongoing. You will recall that we discussed the importance of skill maintenance in behavioral programming earlier in this training series. Maintenance is critical for everyone. Once you have spent time learning a skill, it would be somewhat wasteful to stop practicing or working to maintain the new success you have achieved. Providing respectful feedback to all individuals can help to create an atmosphere where maintenance of gains is the norm and not the exception to the rule.

Slide Twelve:

So, now that we have described the importance of providing feedback, there are some important points to make about how to do it. The most critical component is to keep things positive. Start the feedback off by telling someone what they did correctly or what they did that showed they tried to perform the skill well. Next, make sure that the feedback is specific by labeling what it was that was done well and then move to areas that could be improved.

Slide Thirteen:

One final note is that feedback is not a passive event. After providing someone with feedback they should be encouraged to ask questions. Just because you understand what you mean doesn't mean that everyone else will. Make sure that the person knows what you are trying to communicate so that they can improve their performance as you intend. This also provides an opportunity for the individual to voice their concerns about their skills and work with the person giving feedback to plan what will occur next.

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Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation

Chapter 4.3: Individualization of Program Goals and Behavioral Supports

Summary

The purpose of this chapter is to review and explain some of the issues in individualizing programs in a group setting, also called a residential teaching community. Considerations for integrated planning, as well as examples are provided. Also, a review of approaches to behavioral supports for both positive and challenging behaviors is provided, with suggestions for implementation of technology as a new form of behavioral support to increase autonomy.

Learning Objectives

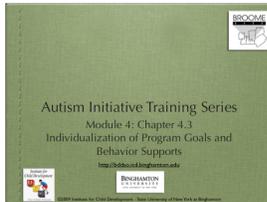
1. Define residential teaching community.
2. Name four barriers to effective program implementation.
3. Identify the importance of maintaining a positive focus on skill acquisition.
4. Name the four goals of behavioral support plans.

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Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation

Chapter 4.3: Individualization of Program Goals and Behavioral Supports

Slides



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Module 4: Chapter 4.3
Individualization of Program Goals and Behavior Supports

Learning Objectives

- Define residential teaching community.
- Name four barriers to effective program implementation.
- Identify the importance of maintaining a positive focus on skill acquisition.
- Name the four goals of behavior support plans.

Individual Life in Group Homes

- Personal Needs
- Group Needs
- Residential Teaching Community
- A social organization that maintains the process of normal everyday living and teaches necessary skills for participating in that process.

Barriers to Effective Program Implementation

- Absence of a coherent teaching environment
- Treatment focused only on elimination of maladaptive behaviors
- Limited staff attempting to implement non-integrated individual behavior plans
- Random composition of residential community

Greater Community

- Culture
 - Home
 - Surrounding neighborhood
- Personal
 - Strengths
 - Needs and Skill Deficits



Examples of Individualized Integration

- Group Activity:
 - Prepare and eat breakfast
- Individual Tasks
 - Set the table
 - Gather milk and cereal
 - Choose fruit



Residential Skill Assessment

- Organize an individual's target goals by major components of the daily routine.
- For example: Joe needs to be taught morning dental hygiene, so staff must determine what skills should be taught. The easiest way to do this is to watch Joe during this task and see what skills he needs. Perhaps he cannot squeeze the toothpaste, but he can put the brush to his teeth and move it across them.

Looking Ahead

- Focusing on the next teachable skill
 - T-shirts, sweatpants, and loafers
 - Polo shirts, khakis, and sneakers
 - Dress shirts, coats with zippers, and belts



Adaptive Behavior Supports

- Technology
 - Bluetooth®
 - iPods
 - MP3 Players
 - Portable DVD Players



Maladaptive Behavior

- For most individuals, involvement in a positive, culturally appropriate, daily routine will decrease inappropriate behavior.
- Positive behavior plans and adaptive skill building requires both staff and residents to focus on developing abilities
- Leaves less time for engagement in inappropriate or maladaptive behaviors

Problem Behavior Supports

- However, this does not mean that negative or challenging behaviors will never occur.
- Lack of skills to obtain attention or make demands of environment effectively can influence the occurrence of problem behavior.
- Response interventions
 - Responses to problem or challenging behavior
 - Recall the influence of positive reinforcement

Four Goals of Behavior Support Plans

- Reduce positive or desirable outcomes for problem behavior.
- Prevent escalation of the problem behavior to avoid harm to the individual or other residents.
- Introduce the individual to logical or natural consequences.
- Encourage alternative, more appropriate behaviors.

Final Words

- On-going and evolving
- Team approach
- Planning for achievement
- Best outcomes for long-term gains



Module 4: Monitoring and Evaluating Individual Progress - Conceptual Overview and Implementation

Chapter 4.3: Individualization of Program Goals and Behavioral Supports

Scripts

Slide One:

This is module four chapter 4.3 Individualization of Program Goals and Behavior Support.

Slide Two:

After completing this chapter, you will be able to; define residential teaching community, name four barriers to effective program implementation, identify the importance of maintaining a positive focus on skill acquisition and name the four goals of behavior support plans.

Slide Three:

As treatment teams work together with families to build effective programs and set attainable goals, some considerations must be made to enhance the opportunity for learning to occur in the new residential environment. First, of course, there must be a plan in place for meeting personal needs of each individual. Second, individual needs should be considered in a group context. This means that a differentiation of personal and public space might need to be made, as well as how individuals can be supported in ways to maintain functioning of the home and encourage positive emotional exchanges. Some researchers and service providers have called an integration of these needs a residential teaching community. This is a habilitative community or a social organization that maintains the process of normal everyday living and teaches necessary skills for participating in that process. These include skills such as personal hygiene, social or interpersonal interaction, flexibility and respect for others, and growth and development of abilities.

Slide Four:

Some issues in effective program implementation begin with the environment. As has already been introduced within this training series, there are organizational and structural supports that can be implemented in the learning environment to enhance learning. Without a coherent teaching environment, individuals will be limited by the setting itself. In the early years of residential programs, some had focused on the elimination of maladaptive behaviors only. This may have seemed logical since many of the individuals were being placed in these specialized settings in order to counteract difficult or deviant behavior in previous placements. However, removing undesirable behavior does not allow the individual to know what they are supposed to be doing. One thing to keep in mind is that a key component of service provision is to build skills and increase integration into the community to support appropriate behavior. Third, staff might be expected to run multiple programs for the individuals at the same time. This can be very stressful and often ineffective if each individual has their own specific set of programs that are entirely independent of their housemates. Although individualization is important for meeting single individual goals, handling group issues as though each person is a single unit is not emphasizing the social responsibility the residences are designed to support. For example, if two individuals were to get into a fight, the typical individualized approach would be to handle each person based on their individual treatment plan.

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However, if supervisors and staff work to develop integrated goals with adaptive replacement behaviors, individuals can learn about appropriate interaction on multiple levels. Individuals would still keep their specific protocols for their own challenging behavior, but other supports could be put in place for group difficulties or interactive needs. Finally, because the residential community tends to be an assigned community, relationships cannot be expected to develop in an entirely typical way. Both staff and individuals may transition in and out of the home in a given year for any number of reasons, despite best efforts to maintain consistency in the home. Unfortunately, because of this halting development of relationships, the primary mode of intervention becomes crisis management and positive supports are often lost in the shuffle. It is important for the treatment team to keep this in mind as they are helping new staff or individuals to acclimate to the setting. Emphasizing a positive or adaptive orientation to goals and individual support will help others to begin getting used to that view early on.

Slide Five:

The residential community can support individuals with autism by focusing on teaching the skills and knowledge needed for everyday living. This involves an understanding not only of the physical features of the home or location of specific items, but the broad culture of the area in which the home exists. For example, it would be completely functional to teach an individual how to ride a bus independently in the city, but perhaps not as much in a non-urban or country setting. In a country setting, it might be more functional to teach someone how to find or cut wood and how to choose fruits and vegetables at the local produce stand. The importance is in making sure the person is able to interact and function in their new community. Also, the routines of the home will be influenced by the number of individuals and their skills and abilities. Managing the schedules for basic self-care, household maintenance and cleaning, leisure or recreation time, social behaviors, and public contact can be a challenge. However, making sure that opportunities are provided regularly in all of these areas is a critical support for developing effective living skills.

Slide Six:

Here you can see an example of building individual programs into an integrated structure. If the group task is to prepare and eat breakfast together, there are multiple tasks that each individual can be responsible for in the process. Of course, if each individual in the residence is capable of preparing and eating their breakfast independently, this would be an unnecessary task unless it was being used to promote social interaction or other communication. The point here is that the individuals learn to work cooperatively and staff are able to supervise more individuals at one time in order to facilitate communication and problem solving.

Slide Seven:

Organize an individual's target goals by major components of the daily routine. For example, if Joe needs to be taught morning dental hygiene, staff must determine what skills should be taught. The easiest way to do this is to watch Joe during this task and see what skills he needs. Perhaps he cannot squeeze the toothpaste, but he can put the brush to his teeth and move it across them. In this example, Joe needs to learn the skills to squeeze the toothpaste and put it on his brush, but can remain relatively independent in the brushing of his teeth after that assisted skill is taught.

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Slide Eight:

However, a treatment team should always be thinking ahead to the next teachable skill. Maybe after Joe is able to complete all his steps to brush his teeth, the staff can move onto teaching him how to use mouthwash. Or in the process of an individual learning to dress him or herself, the staff might start them with t-shirts, sweatpants, and loafers. This does not mean that they will be unable to wear button down shirts, but that they might need assistance before moving on to these garments. The importance of selecting achievable goals is that individuals can meet their needs to the best of their ability at a given time. That way, they are always advancing and able to see the gains they have made.

Slide Nine:

But individuals will still need some assistance with new skills and sometimes with familiar skills in new settings. You have already learned about prompting procedures earlier in this training series, but we will revisit it briefly here. If an individual is going to the community to practice skills for buying groceries that have been mastered in the home setting, there are a variety of ways for them to be assisted in their new environment. A staff member could go with them and offer verbal and physical prompting to help each individual perform the necessary behaviors. However, the presence of a staff member constantly supervising an individual could be stigmatizing and limit the independent performance of skills. Fortunately, there are a number of technological advances that have evolved in the past few years that can help individuals be more autonomous. For example: Bluetooth technology has been implemented to allow staff to provide verbal prompts to individuals at a further distance so that the individual can complete steps without direct supervision. Also, supportive programs have been developed using iPods to play short videos for individuals to help support appropriate social behavior prior to engaging with others. These videos can be accessed independently by the individual to be used when they feel they may need additional support or reminders. MP3 players and portable DVD players can be used in the same way. Audio recordings of music with verbal prompts embedded in the tracks can be effective methods to teach skills and motivate behavior as well. The use of technology should be extended to individuals whenever it will improve their quality of life and sense of autonomy. If there are opportunities to use these new developments, it may be appropriate to discuss these methods with the treatment team to effectively support adaptive behavior.

Slide Ten:

There are also further gains that can be made when focusing on positive appropriate skill acquisition. For most individuals, involvement in a positive and culturally appropriate daily routine can help to decrease less desirable behavior. In fact, if staff and individuals are equally focused on building skills, there will be less time to engage in maladaptive behavior.

Slide Eleven:

However, this does not mean that negative or challenging behaviors will not occur. Despite the best efforts of hard-working staff and individuals, there may still be skill deficits that affect an individual's ability to effectively interact with others or navigate their environment. In a desire to seek attention on a day when staff appear busy, an otherwise calm individual might throw something across the room to receive attention. Of course, staff would need to attend to this undesirable behavior because of the threat of injury to other individuals and possible damage to the home. These types of responses are an important part of changing maladaptive behavior because the way that people react to less desirable

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behavior will influence the continuation of it. For example, let's recall positive reinforcement for a minute. If staff must pay attention to the individual who threw an item across the room, and that was the goal of the challenging behavior it will be reinforced. However, if staff take steps to immediately show the individual a more appropriate way to gain their attention in that situation and then reinforce the individual with greater reinforcement, the likelihood of the demonstrated positive behavior occurring in the future will increase. This could mean the staff would make the distinction between intervening in the negative behavior by attending and redirecting, but using praise and spending 2-3 minutes talking to the individual for engaging in the more positive behavior. This is very important because whatever follows the behavior will affect the likelihood of that behavior occurring in the future. It is extremely important that negative behaviors are never followed by a positive activity or event so that they are not reinforced even once.

Slide Twelve:

In developing a response intervention as part of the behavior support plan, there should be four goals that the plan and treatment team seek to meet. The first is to reduce positive or desirable outcomes for problem behavior. This is because reinforcement of problem behavior will only cause it to increase. Determining the best way to avoid reinforcement of these behaviors will require an understanding of why it occurs, or what its purpose, function, or outcome is for the individual. The second goal is to prevent escalation of the problem behavior to avoid harm to the individual or other individuals. Some responses will actually escalate behavior and possibly provoke more aggressive or harmful behavior. Examples of responses that escalate behaviors include physical interventions, yelling, or reprimanding. However, maintaining a calm and consistent response to the behavior can help to diffuse the situation more effectively. The third goal is to introduce the adolescent or adult to logical or natural consequences. This means that the individual should not be provided with a consequence that seems arbitrary, like being sent to their room when they break a piece of furniture. Instead, the individual should be required to help repair the damage by setting the room in order and possibly even assisting a staff member in replacing and fixing the item. This type of response helps to teach the individual that there are certain rules and expectations for behavior, as well as a better sense of valuing the property of others. The fourth and final goal is to encourage alternative, more appropriate behaviors. As highlighted throughout this chapter, the end goal is not simply to avoid crisis. It is to teach the necessary skills to help the individual cope and navigate their environment effectively, and most important, to do so independently.

Slide Thirteen:

All of the issues that have been presented in this chapter are part of an evolving long-term support plan, and should not be expected to be in place all at once. The use of effective data collection, evaluation, and progress monitoring is an on-going process to help individuals achieve their best outcomes. By becoming an active member of the treatment team, you have the opportunity to provide this important information, as well as suggestions for future goal planning that can be a critical component to assisting the individuals that you serve.

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