Behavior Basics & Parent Training

Parenting with ABA Members CE Event
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Section a: explain behavior

"We should select words for their effects on the listener NOT for their effects on the speaker."
-BF Skinner, Verbal Behavior, 1957

What specific behavior tools involve explaining behavior clearly?

Target behavior
Dead Man's Rule
Self-selecting goals
Identifying environmental variables within their control

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Section b: concepts & principles

Reinforcement contingencies for caregivers

Ask yourself:
- What caregiver behavior(s) am I trying to increase?
  - Measure?
  - Reinforce?

Section d: experimental design

Social validity

3 types of questions to ask your consumers:
1. Are goals of the procedures important and relevant to the desired lifestyle changes?
2. Are the techniques used acceptable or do they cost too much (effort, time, discomfort, ethics, etc.?)
3. Are you satisfied with the outcome both with predicted behavior change and unpredicted side effects?

Section e: ethical & professional issues

e.1. Identify and apply core principles underlying the ethics codes for BACB certificants (e.g., benefit others; treat others with compassion, dignity, and respect; behave with integrity).

Compassion = Empathy + ACTION

Compassionate care by the clinician would aim to reduce the parent's sadness and frustration over time, perhaps by
- assisting the parent in reorienting the goals for her child,
- helping her be more compassionate with herself as a parent, or
- by helping the parent to acknowledge and appreciate incremental gains.

-Taylor, LeBlanc, & Nosik, 2019

Section e: ethical & professional issues

e.9. Engage in cultural humility in service delivery and professional relationships.

"Understanding that one's view of the world is impacted by one's individual learning history and that different environmental and learning histories impact the behavior of others."

"Using a posture of cultural humility requires individuals to self-monitor private verbal behavior and rules regarding the labels right and wrong, while considering others' learning histories when delivering behavior services."

-Beaulieu & Jimenez-Gomez, 2022

e.10. Apply culturally responsive and inclusive service and supervision activities.

Cultural responsiveness involves understanding and appropriately including and responding to the combination of cultural variables and the full range of dimensions of diversity that an individual brings to interactions.

Cultural responsiveness requires valuing diversity, seeking to further cultural knowledge, and working toward the creation of community spaces and workspaces where diversity is valued.

-Hopf et. al, 2021

What can we do?
- Self-monitor relationships with clients & caregivers and prevent and disrupt biases
- Respond effectively to feedback re: cultural differences
- Practice self-compassion following the emission of mistakes re: cultural differences
- Respond to cultural cues & communicate effectively with all forms of VB
- Adapt treatments based on cultural variables
- Offer choices of treatment components
- Engage in rapport building with clients & caregivers
- Take social validity data

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Section f: behavior assessment

f.4.Design and evaluate preference assessments.

Do you know what caregivers' preferences are when it comes to:
- environmental factors for parent training sessions
- communication with you
- environmental factors for their home setup
- parenting styles
- feedback from you
- their own reinforcers/ how they would want to spend their free time

Section g: behavior change procedures

Reinforcement for caregivers

Modeling

g.18. Evaluate emotional and elicited effects of behavior- change procedures.

Indices of happiness & unhappiness

Individualized behavioral indicators

Section h: selecting and implementing interventions

Resources (with hyperlinks when possible)

6th edition BACB task list retrieved from https://www.bacb.com/wp-content/uploads/2022/01/BCBA-6th-Edition-Test-Content-Outline-230206-a.pdf

Critchfield, T. S., Becirevic, A., & Reed, D. D. (2017). On the social validity of behavior-analytic communication: A call for research and description of one method. The Analysis of Verbal Behavior, 33, 1-23.

Jimenez-Gomez, C., & Beaulieu, L. (2022). Cultural responsiveness in applied behavior analysis: Research and practice. Journal of Applied Behavior Analysis, 55(3), 650-673.

Kazdin, A. E. (1980). Acceptability of alternative treatments for deviant child behavior. Journal of applied behavior analysis, 13(2), 259-273.

Normand, M. P., & Donohue, H. E. (2022). Behavior analytic jargon does not seem to influence treatment acceptability ratings. Journal of Applied Behavior Analysis, 55(4), 1294-1305.

Ramey, D., Healy, O., & McEnaney, E. (2023). Defining and measuring indices of happiness and unhappiness in children diagnosed with autism spectrum disorder. Behavior Analysis in Practice, 16(1), 194-209.

Rohrer, J. L., Marshall, K. B., Suzio, C., & Weiss, M. J. (2021). Soft skills: The case for compassionate approaches or how behavior analysis keeps finding its heart. Behavior Analysis in Practice, 1-9.

Schwartz, I. S., & Baer, D. M. (1991). Social validity assessments: Is current practice state of the art?. Journal of applied behavior analysis, 24(2), 189-204.

Skinner, B. F. (1957). Verbal behavior. New York: Appleton-Century-Crofts.

Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2019). Compassionate care in behavior analytic treatment: Can outcomes be enhanced by attending to relationships with caregivers?. Behavior Analysis in Practice, 12(3), 654-666.

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Compassionate Collaboration Tool

-Rohrer, Marshall, Suzio, & Weiss, 2021

Table 1   Compassionate Collaboration Tool

Please respond to the following questions using a 3-point rating scale:
1 – *Not demonstrated / not observed*
2 – *Sometimes demonstrated / some missed opportunities*
3 – *Consistently demonstrated / observed during all opportunities*

Collaborative Approaches

Did the clinician incorporate **family/individual client input** when identifying **objectives/instructional** targets or procedures?

Actively solicited input from the family about preferences/priorities for targets ("What is important to you to teach?")	1	2	3
Actively solicited input from the family about preferences/priorities for teaching procedures ("How comfortable are you with the procedures we've discussed?")	1	2	3
Discussed the rationale for selected targets	1	2	3
Ensured the rationale is aligned with the family's input	1	2	3
Asked questions about the family's values relating to independence (self-feeding, dressing, staying home alone, etc.)	1	2	3

Did the clinician incorporate **family/individual client input** when identifying **behavior reduction** targets or interventions?

Actively solicited input from the family about preferences/priorities for targets ("What is important to you to change?")	1	2	3
Actively solicited input from the family about preferences/priorities for behavior-change procedures ("Which intervention are you most comfortable with?")	1	2	3
Discussed the rationale for selected targets	1	2	3
Ensured the rationale is aligned with the family's input	1	2	3

Language and Communication

Did the clinician use accessible **language** when interacting with the family/individual client?

Used precise, everyday language (described concepts precisely without the use of jargon)	1	2	3
Defined and explained behavior-analytic jargon (if used)	1	2	3
Avoided terms that may have negative connotations such as "extinction" or "discrimination"	1	2	3
Used vocabulary that is matched to the family's/individual's repertoire	1	2	3

Did the clinician use **verbal communication** strategies associated with positive interactions and client satisfaction?

Asked questions about general family functioning and individual members of the family	1	2	3
Discussed information unrelated to the client before beginning clinical work (used small talk to establish rapport)	1	2	3
Asked about the family's/individual client's experience of the challenging situation for which support is sought	1	2	3
Engaged in framing/sign posting ("Let me see if I have this right . . ." "Sounds like . . .")	1	2	3
Reflected the content ("It sounds like you are worried that Billy can't express himself.")	1	2	3
Identified and calibrated the emotion ("I'm hearing that you don't know what to do when you're in public and he acts up.")	1	2	3
Requested and accepted correction ("Did I leave anything out / miss anything?")	1	2	3
Solicited questions	1	2	3
Used "do" instead of "do not" statements	1	2	3
Provided hope to the family/individual through discussion of potential positive outcomes	1	2	3

Did the clinician use **empathic behaviors** that communicate prioritization of the family's/individual client's perspective?

Used nonvocal behavior that is matched to the family's/individual's interactions, personal space, and eye contact	1	2	3
Engaged in active/attentive listening (nonverbal and paralanguage skills, "mm-hmm," nodding, mirroring facial expressions, appropriate body language)	1	2	3
Refrained from interrupting	1	2	3
Oriented toward the speaker (face-to-face orientation as opposed to a 45° or 90° angle)	1	2	3
Maintained open body posture (uncrossed arms, leaning forward as opposed to back)	1	2	3

Is this a good fit for your family?

Time

☐ I feel this is doable in the time I have.

☐ I need help finding the time.

☐ There's no way I can find time for this.

Comfort/ Confidence

☐ I understand the plan and feel good trying it on my own.

☐ The training was a little unclear. I'm not sure what to do.

☐ That made no sense to me. We need something else.

Troubleshooting

☐ I feel good applying this to new things that may pop up.

☐ I can try to use these behavior tools on my onw.

☐ Not going to work for new issues that may come up.

Whole Family

☐ This feels too hard on my child.

☐ This feels too hard on the rest of my family.

☐ This feels too hard on me.

Is it worth it?

☐ The effort is totally worth it.

☐ The payoff of improvement in my family seems really far off.

☐ The effort does not seem like it's going to get us anywhere.

Community

☐ The people in our world will be understanding of this.

☐ No one will understand and I'll feel uncomfortable.