Traumatic Stress Institute

Mission: To foster the transformation of organizations and service systems to trauma-informed care through the delivery of whole-system consultation, professional training, coaching, and research.

Core Services

Whole System Change Model to Trauma-Informed Care (TIC)
- Internationally-recognized model for changing systems to TIC

Trauma-Informed Care Research
- Attitudes Related to Trauma-Informed Care (ARTIC). The most widely used validated measure of TIC currently available
90 TSI Client Agencies in 23 US States and 3 Canadian Provinces

For information about Trauma-Informed Care for IDD Organizations

Click Here

Contact a Whole-System Change Model Consultant

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Trauma-Assumed Behavior Analysis
for People with IDD
From Trauma-Inducing to Trauma Reducing

Gregory P. Hanley

The Still Present Problem

- Many “solutions” often exacerbate or prolong the problem
  - Behavior modification
  - Behavior medication
  - Behavior mollification
  - Behavior micro-analysis
  - Behavior remediation without developing a replacement repertoire

Today’s ABA is Compassionate and Trauma-assumed

Freedom from Problem Behavior is possible with Today’s ABA
Today’s ABA?
1. Starts with asking question (i.e., interviewing caregivers and clients)

Today’s ABA?
2. Creating a context in which the probability of problem behavior is zero.

Create a non-threatening context that promotes:
- content to happy affect,
- relaxed to jazzed demeanor,
- engagement in preferred activities,
- social bids towards teacher

Today’s ABA teaches from joy - not through escalated problem behavior - HRE
Today’s ABA?

1. Interviewing caregivers and clients
2. Creating a context in which probability of problem behavior is zero.
   Create a non-threatening context that promotes content to happy affect, relaxed or jacked-up demeanor, engagement in preferred activities, social bids towards teacher (or at least no hairy eyeballs towards teacher).
3. Empowering the learner
   Progressively introduce a challenging situation and reinforce first instance of PB, protest response, or communication

4. Shaping Skills
   Communication, Toleration, & Cooperation
   The main drivers of behavior change should be prompting and differential reinforcement not extinction or punishment

Making Peaceful Progress

5. Then assessing/teaching everything else, and continually allowing the behavior of the client to teach whether your decisions are just
What is Essential in Today’s ABA?

Safety, televisibility, and rapport are prioritized

Values

Procedures

Consistent with Today’s ABA and proven effective for addressing severe problem behavior:

- Practical Functional Assessment and Skill-Based Treatment
  - Shown to produce socially meaningful outcomes
  - Shown to be a socially valid and generally applicable process
  - Shown to be effective without coercion or physical management

To access this perspective paper, go to www.practicalfunctionalassessment.com
Aim of a Practical Functional Assessment

*NOT to identify the function of a problem behavior*

Aim is to:
a) Bring joy
b) Turn on PB
c) Turn off PB

*PFA: Interview, Design, Analysis, Reflection: 90-120min total

Treatment is: Progressive
Initially consistent
But then relies on intermittent & unpredictable reinforcement of life skills
Socially validated outcomes demonstrated with PFA and SBT

Santiago, Hanley, Moore, & Jin (2014, JADD)
Herman, Healy, & Lydon (2015, Beh. Int.)
Jessel, Ingvarsson, Metras, Hillary, & Whipple (2018, JABA)
Beaulieu, Claussen, Williams, & Herscovitch (2018, BAP)
Rose & Beaulieu (2019, JABA)
Ferguson, Leaf, Chen, Mene, Leaf, McEachin, & Leaf (2020, JTC)
Rajaraman et al. (2021, BAP)
Review by Coffey et al. (2021, Beh. Int.)
Lundy, Healy et al. (2021, EJoBA)
Fiani & Jessel (2022, E&TC)
Staubitz, Staubitz et al. (2022, JABA)

The process has strong and unprecedented treatment utility

Jessel, Ingvarsson, Metras, Hillary, & Whipple (2018, JABA)
Achieving Socially Significant Reductions in Problem Behavior following the Interview-Informed Synthesized Contingency Analysis: A Summary of 25 Outpatient Applications

*Similar evidence for any other functional assessment or treatment process addressing problem behavior does not exist.

What is required for a Meaningful Outcome?

Personalized & Synthesized Reinforcement Contingencies and a progressively developing, skill-based treatment process relying on unpredictable and intermittent reinforcement and A proper plan for addressing problem behavior that resurges.
During Skill-Based Treatment....
How to respond to *mild problem behavior*

(a) Immediate and empathetic response
(b) Encourage persistence
(c) Adjust criteria for SR; reinforce next bit of cooperation/achievement

= partial reinforcement of MPB; use of televisable extinction

During Skill-Based Treatment....
How to respond to *mild problem behavior*

(a) Immediate and empathetic response
(b) Encourage persistence *or* offer a choice to
  go to reinforcement
  or
  persist in challenge
During Skill-Based Treatment.....
How to respond to severe problem behavior

(a) Create space, and provide an immediate and empathetic response
(b) Provide access to all reinforcers; yes, reinforce the SPB
(c) Extend the SR period a bit, no trials until HRE
(d) Reflect on that which occasioned the SPB
(e) Change procedures
   - Add in prompt, change expectation, reconsider learning target in general

= full reinforcement of SPB
In Today's ABA we gain assent and allow for dissent

How to increase likelihood of participation in therapy to address severe problem behavior?

Assent based ABA
- Initial choice to opt in or out
- Routine option (home, classroom, bean bag chair)
- Practice skills
- Continuous choice to opt in or out
- "Open door" policy
- Routine option (home, classroom, bean bag chair)
- Practice skills

Start all suspected reinforcers
Honor within-repertoire responses
Then shape/chain life skills via intermittent and unpredictable SR

PFA, SBT, UP Integrated Process in a Public School
1. Read "A Perspective on Today's ABA"
2. Completed PFA-SBT Training
3. Completed PFA: Interview and Analysis
4. Developed Universal Protocol
5. Implemented SBT with Virtual support

What to do outside of SBT—The Universal Protocol
1. Show continuous positive regard and empathy
2. Enrich the environment
3. Follow the client's lead to the extent possible
4. Invite the client to participate in scheduled activities
5. Limit non-essential demands
6. When presenting essential demands, make them less aversive
7. Upon the first instance of problem behavior, reinforce
   - Attempt to provide what you think the client wants and/or earnestly ask the client what they would like and attempt to provide it.
PFA/SBT Summary

Treatment status at 22 weeks

Was at CAB 6 across all 3 Branches
• Branch A – Table top learning activities
• Branch B – Adaptive Daily Living Skills
• Branch C – Social skills and play skills
• And, developing specific requests during reinforcement

Transition Plan Wins

• Significant decrease in SIB (no more helmet, bruises healed)
• Elimination of physical aggression towards others
• Attends full days, 5 days a week
• Seeks out interactions with adults and peers
• Uses more language to communicate
• Engages in his private SLP sessions
• Plays with toys again
• Demonstrates an interest in learning
• Joins in group learning activities
• Shows an interest in reading with Mom at night
• Interacts and plays more with his guide dog
• The process of working through problem behaviors and family concerns using the Universal Protocol, Practical Functional Assessment and Skills Based Treatment has been an invaluable experience.

• Specifically, when Kenny’s family, myself as the home service provider, and the school team initially met to discuss the plan to address Kenny’s increasing severe SIB and aggression at school, the tone of the meeting was explosive. The family had lost trust in the school team and believed some of the decisions made had put their child at risk of significant injury to himself and others. In a climate where media attention is a historical solution for parents who feel they are not being heard and want solutions to challenging situations, it was a possibility that this case was going in that direction.

• Through the use of the Interview and the plan to immediately implement of the Universal Protocol, the school team, led by Tina Gunn, was able to defuse the situation in less than one hour. In one meeting, the parents felt heard and understood there was true collaboration in the process. In this situation, the parent was better able to support her child into a Happy, Relaxed and Engaged state better than anyone else. I believe it was the first time, she had been offered this type of collaborative experience and immediately built trust in the school team. Together we developed an effective plan that was viable for both the family and the school.

• Immediately Kenny responded to the Universal Protocol and dangerous behavior reduced to near zero levels. Not only was the parent relieved, but she felt like a valued member of the team and started to build trust and positive rapport with the teachers and staff at the school. The school team was then able to proceed to a safe PFA and implementation of SBT.

• In over 20 years experience in the field of ABA, I had not been apart of such a successful plan before. Not only was a safe and televisable plan implemented and clear behavioral change realized in a very short amount of time, but the respect that was built between all team members was incredible. Immediately energy and resources went into actually supporting the student and the implementers rather than a lengthy conflict between the parents and school, while a child continued to suffer.

• Truly this is an ex. of how to produce tangible, meaningful differences for children & their families.

"The change in our son since the program has been drastic. My happy child is back and our family feels at peace for the first time in years."

Parent Social Validity Survey
Optimizing Therapeutic Processes Via Enhanced Choice

1. Choice to Practice, Hangout or Leave always available
2. Opportunity to discuss session objectives before and reflect on session activity after
3. Multiple preferred activities from which to choose at start and throughout session
4. Choice of materials and tasks offered during the skills shaping process
5. Extinction of problem behavior never involves physical guidance of any sort (and nowadays involves a choice to persist or take break with all reinforcers)

Example Outcome from the Enhanced Choice Model

Why a Preference for Practice over Hangout?
What is carried forward into Today’s ABA from past ABA?

(a) Assumptions like if PB is occurring w regularity, it is being reinforced
(b) Commitments like understanding why PB occurs prior to treating it
(c) Procedures like
   - differential reinforcement,
   - shaping,
   - chaining,
   - modelling

What then is new about Today’s ABA?

(a) Assumptions like assuming trauma histories for those who engage in SPB
(b) Commitments to values-first, assent-based formats & omitting tactics that risk re-traumatization
(c) Tactics like
   - Gaining HRE prior to teaching,
   - Gradually progressing challenging situations
   - Being highly responsive to PB
   - Relying on intermittent, unpredictable, and synthesized reinforcement

Thanks for listening. Questions?

To learn more, go to:
www.ftfbc.com
www.practicalfunctionalassessment.com
Facebook: “PFA and SBT Community”