

Effects of a Boundary Setting Protocol in a Clinical Setting

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Methodology

Participants:

- Two male participants, a 10-year-old male diagnosed with ASD, ADHD, disruptive mood dysregulation disorder and a 5-year-old diagnosed with ASD.
- The three clinicians participating in the study were two BCBA's practicing since 2020 and 2022, and a BCaBA practicing since 2022. They received ongoing support from a senior clinician.

Setting:

- The study took place in an ABA clinic in the Southeast Michigan area that serves clients with ASD.

Targeted behaviors:

- Intensity of the interfering behaviors (IB) when boundaries are set.
- Frequency of precursor, high-intensity, and dangerous.
- Severity of behavior data collected using a rating scale.
- Support required for de-escalation.
- Skill-acquisition in relation to prosocial behaviors including coping and communicating. Coping skills involved engaging in actions such as expressing frustration and taking deep breaths. Communication was targeted using PECS for the second client.
- Percentage of safe responses to identified arbitrary and ecologically relevant ("hot") boundaries.

Intervention components:

- Boundaries protocol: this was implemented following baseline.
 - Four types of boundaries were set throughout the session.
 - Arbitrary Boundaries (always): these boundaries were contrived by the adult and arbitrary in terms of being meaningful to the participants. Once these boundaries were placed, they were in place for the entire session.
 - Arbitrary Boundaries (limited hold): these were boundaries that were contrived and released after a limited hold by the technicians.
 - "Hot" Boundaries (always): these are boundaries that have a history of triggering emotional responding in the participants. These boundaries stayed in place, for the duration of the session.
 - "Hot" Boundaries (limited hold): these are boundaries that have a history of triggering emotional responding and were relinquished after a limited hold. Examples of this include the motor room being unavailable for 15 minutes due to the number of clients in it.
- STEAM (Center Graphic): this is a procedure developed by Centria Autism for adults to set boundaries in a kind way that supports de-escalation and co-regulation
- Set a firm and kind boundary
 - Tact
 - Empathize and validate
 - Allow non-judgmental time
 - Move on when they are ready

Introduction

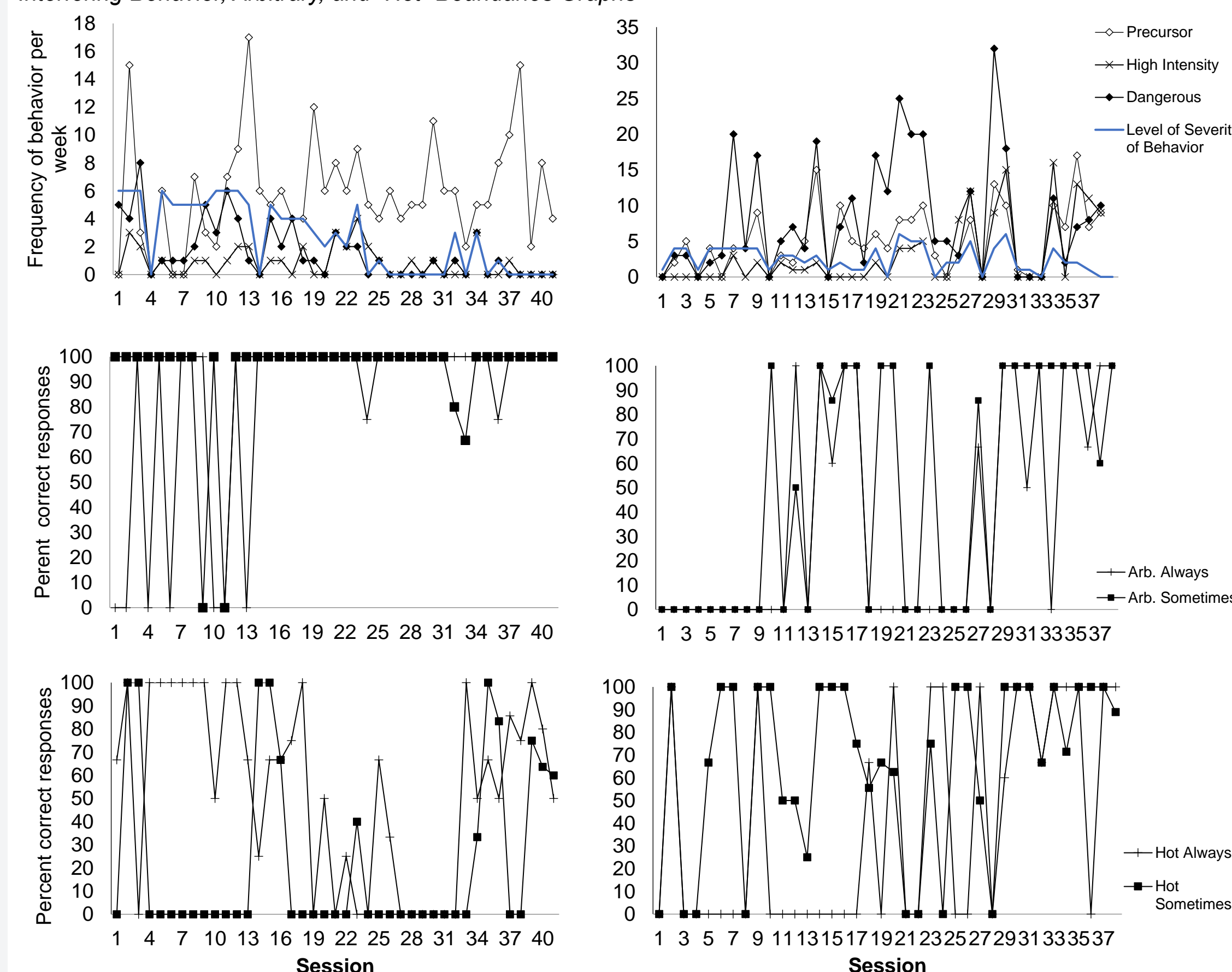
- Centria Autism aimed to transition its clinical culture towards a values-based framework that supports a compassionate approach to behavior analytic services called Foundations of Care.
- Autistic children are likely to engage in interfering behaviors due to deficits in communication and emotional regulation and struggle to engage in rule governed behavior (Tarbox et al., 2011).
- Boundaries are verbal statements that describe contingencies and expectations in each context, often around items and activities that are not available.
- Through consistent adult implementation, efficient repertoires may be developed that allow the learner to respond efficiently and avoid potentially dangerous situations (Tarbox et al., 2011).
- These case studies demonstrate how utilizing boundary setting protocols within a clinic setting lead to increase of skills acquisition, an increase of time spent in treatment, and decrease of interfering behavior.

Holding Boundaries (STEAM)

Set Firm & Kind Boundaries	Tact	Empathize & Validate	Allow Non-Judgmental Time	Move On When They Are Ready
<ul style="list-style-type: none"> • Be clear, early • Do not be afraid • Stay confident and be prepared for and ok with client's negative reaction • "I won't let you" • "This is a hard no" • "This is not an option" 	<ul style="list-style-type: none"> • The environment and what is happening • "I hear..." • "I see..." • "You are telling me..." • "It seems as though you are (emotions)" 	<ul style="list-style-type: none"> • "I am sorry" • "That is tough" • "I know you don't like it" • "What a bummer" • "I am here for you" 	<ul style="list-style-type: none"> • Provide space for the learner to process boundary • Provide non-contingent attention however the client prefers • Meet emotions and behaviors with tact and empathy • Client specific; follow their leads and needs • Keep things safe 	<ul style="list-style-type: none"> • Be responsive to your client • Co-regulation before self-regulation • Follow their lead • Provide alternatives if they are calm and open • Invite them to new activities • Do not try and distract; the only way out is through

Results

Figure 1.
Interfering Behavior, Arbitrary, and "Hot" Boundaries Graphs



Note. Frequency of interfering behavior per session and perceived level of severity. Percent correct responding to arbitrary and hot boundaries (a. Mikal; b. Timothy).

Discussion

- The results of this study demonstrate that setting boundaries protocol and utilizing the STEAM protocol is successful in decreasing the intensity of interfering behavior.
- The boundaries protocol and STEAM protocol, when implemented with fidelity, are effective tools in decreasing the level of support required to promote de-escalation and co-regulation over time.
- Data suggest a relationship between the training of arbitrary boundaries and responding to hot boundaries.
- Improvements for both clients were observed along all measured targets, however, correlation and causation cannot be determined.
- The results of the study also indicate a positive relationship between decreasing the intensity of interfering behavior and increasing prosocial behavior.
- A notable observation is that the number of arbitrary boundaries being set was very dependent on the intensity of behaviors that resulted from setting hot boundaries.
- It's also notable that one of the clients had SBT in place during this study. The second participant required the boundaries protocol to allow for behaviors to occur at a lower/safer rate before getting the opportunity to create a happy, relaxed and engaged context to conduct a more successful practical functional analysis (PFA) and start the skill-based treatment (SBT).

Limitations:

- No IOA were conducted for data collection.
- Implementors were changed for two out of the three participants.
- Low number of opportunities for arbitrary boundaries being set, a higher number may have helped yield greater results.
- Lack of fidelity in data collection for hot boundaries (this was addressed later in the study).

Future Research:

- Further evaluate these procedures and how they relate to decreasing interfering behavior, the level of support required to support de-escalation and co-regulation.
- Evaluate the utility of staff training on Boundaries and STEAM.

Implications

- The study provided preliminary evidence that demonstrates the utility of setting boundaries with clients who would benefit from SBT, and clients who are currently going through the SBT process.
- This study is incredibly important in terms of decreasing behavior at a faster rate in a kind manner when working with individuals with severe interfering behavior, including those who are in skill-based treatment.
- Training boundaries in terms of their ecological relevance to the client may provide additional opportunities to expose clients to contingencies that may develop tolerance to situations of denied access to preferred items, activities, or locations while also potentially developing rule governed behavior.