

Using a Values-Based, Tier One Intervention to Treat Dangerous and High Intensity Interfering Behavior

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Introduction

- The Foundational Plan is designed to set a therapist and client up for success by thoroughly outlining the steps taken to build high levels of trust and rapport through antecedent and consequence interventions.
- The FP identifies optimal teaching opportunities by first identifying what Happy-Relaxed-Engaged (HRE) looks like for the client and then establishes best practices for introducing learning opportunities, creating an enriched environment, reducing aversive stimuli, setting boundaries, and creating therapeutic alliance.
- In line with values of client-centered care, there are specific instructions related to necessary routines and how to respond to interfering behaviors in a way that focuses on prevention and de-escalation (Holburn, 1997).
- This study evaluates the effectiveness of the implementation of the FP with four learner profiles with high rates of interfering behavior under supervision of one clinician.

Methodology

Participants:

- Synchronous and asynchronous training was provided by a Director of Functional Assessment and Treatment implementation who developed the FP and has been a BCBA for 4 years.
- A single BCBA oversaw the implementation of the Foundational Plan. The BCBA has been board certified for 4 years.
- Four children diagnosed with Autism Spectrum Disorder. The two male clients were both 7 years old; one was diagnosed with PICA (Ralph) and one with Attention Deficit Hyperactivity Disorder (Zed). The two female participants were 5 (Maureen) and 6 years of age (Alison). The 6-year-old was also diagnosed with Post Traumatic Stress Disorder. The children had spent anywhere from 8 months to 48 months in services.

Setting:

- The BCBA conducted this study at a clinic in Indiana that serves young Autistic children ages 2-7

Targeted Behaviors:

- Frequency of Dangerous and High Intensity Behavior Topographies
 - High Intensity Behavior Topographies: Tantrum, Climbing, Property Disruption
 - Dangerous Behavior Topographies: Physical Aggression, Property Destruction, Disrobement, Self-Injurious Behavior (i.e. hitting head with fists, hitting head on a surface, biting self, etc.), Elopement (i.e. attempting to leave the building), Dangerous Mouthing

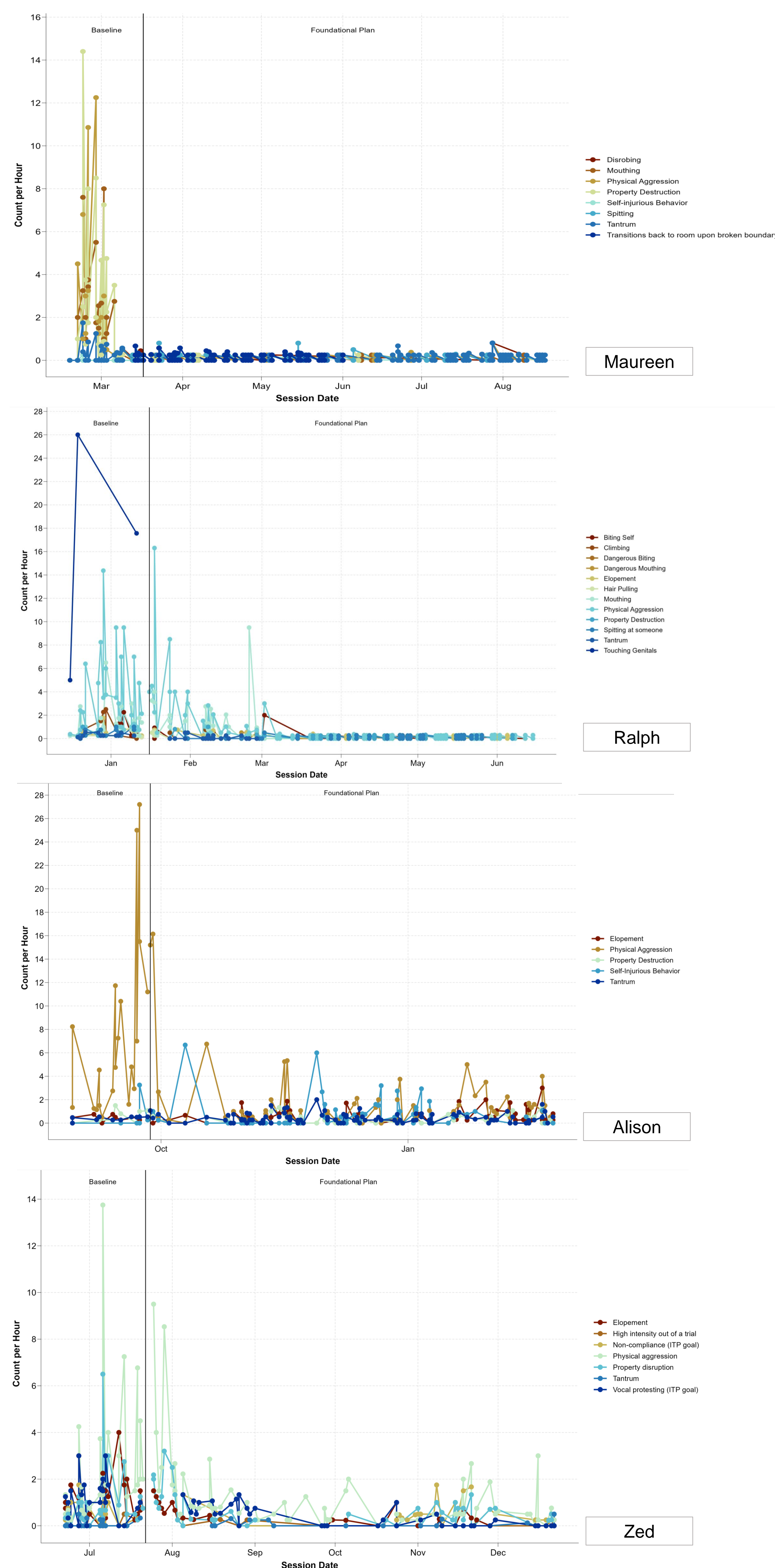
Procedures:

- The BCBA attended a two-hour synchronous company-wide training on FP from Vice President of Functional Assessment and Treatment. This was a web-based training.
- Four weeks of FP development via synchronous training and asynchronous fidelity checks with feedback and FP approval.
- The BCBA participated in 20 weeks total of mentorship and oversight
- Center wide training provided to Registered Behavior Technicians (RBTs) on STEAM. (Set the boundary, Tact the environment, Empathize and validate, Allow "non-judgmental" time, Move on)
- The BCBA reviewed the FP with the Clients' RBTs.
- Implementation of Foundational Plan occurred in every therapy session. This included therapy sessions assigned RBTs and substitute RBTs.
 - Supervision for each client was conducted weekly ranging from 2.5-4 hours per week
 - Behavior Skills Training was used to train the staff. The components of the FP were described, modeled, and allowed opportunities for implementation followed by feedback. At the end of session reflective practice was used to identify areas of strength and opportunity for the next session.

Results

Figure 1

Levels of interfering behavior data prior to and following the implementation of FPs



Note. Count per hour of interfering behaviors across 5-12 topographies for each of four clients. Each graph spans a 6-month period; baseline was considered one month prior to FP implementation. Interfering behavior data for 5 months following implementation of the FP is provided.

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

Discussion

- The results of this study indicate that implementing a FP as a standalone intervention is successful in reducing the frequency in which high magnitude and dangerous interfering behavior topographies occur.
- The results also indicate that this is an effective treatment intervention across clients with varying degrees of high intensity and dangerous interfering behavior, age, and co-occurring diagnoses.
- The use of the STEAM procedure embedded in the FP was monumental in co-regulating and supporting de-escalation with clients engaging in high intensity and dangerous behavior and resulted in a decrease in the use of crisis management procedures required.
- Data suggests that an intervention package including the removal of contingencies when high intensity or dangerous behavior occurs in addition to differential reinforcement procedures results in the reduction of high intensity and dangerous behaviors thus leading to safer sessions.
- Data suggests that a treatment package that prioritizes safety, dignity, respect, and therapeutic alliance may reduce levels of interfering behavior without the isolated use of extinction and punishment procedures

Limitations

- IOA data was not collected during the implementation of the Foundational Plan across clients and across the respective RBT implementer.
- Clinicians implementing the FP in clinic settings had challenges with culture when others in the same settings were not being trained simultaneously.
- Social validity measures have been established but not yet rolled out at this time. The organization will prioritize sending out social validity surveys to the technicians, clinicians and client families by 2024.

Future research

- Comparison of crisis management procedures utilized before and after implementation of the FP
- Comparison of skill acquisition before and after implementation of the FP
- Comparison of data against responding to holding a boundary and responding when unrelated to holding a boundary
- Generalization of effects across clinicians in the same clinic
- Analysis of effects of FP across a clinic, market and multiple markets
- Effects of Tier 2 and 3 interventions when marked decrease in interfering behavior is not observed using FP

Implications

- FPs have replicated effects across multiple clients in the same caseload. Efforts to generalize these results should continue.
- At Life Skills Autism Academy, a mentorship model has been rolled out to provide ongoing support for the development and implementation of the FP for all clinicians. Every client will be provided a FP prior to determining the need for further, more intensive intervention.