

Promoting ABA Series: What is Quality Behavioral Intervention Anyway?

CASP Webinar

June 30, 2021

Four factors to this conversation

1. Curriculum
2. Intervention/procedures
3. Staff
4. Intensity

- Best practice is a moving target as Mary Jane indicated how they approached treating challenging behavior or teaching skills is antiquated or unethical today
 - How current are we staying with the literature in our application
- Peter - Do people implementing the intervention understand the goal of the intervention and we need to focus on outcomes; we are teaching this “in order to”... what?
- Missy – parsimony
- Judith – experience with Jack that the therapist at a center she toured simply said, when asked what type of ABA they do, “we do the type of ABA that works for your child each day”
- Justin – flexibility that staff need as we’ve become so good with procedures that we’re no longer flexible in our teaching so we try to emulate what goes on in research centers; we’re not allowing flexibility with our clinicians in the moment
 - Wasting time – we do not have time for this! why are programs doing two mastered and then one novel target, formal preference assessments way to often (every day or if someone can just tell you)
- Missy – it comes down to the training and the organization someone is in so it’s the organizations responsibility to empower and build the skills of the clinicians so we need to be better at empowering our LBA’s to make those moment by moment decisions
- Peter – simplest solution is usually the best and what you do every day is more important than those things you do every so often (from Gretchen Rubin and The Happiness Project) so look at those skills that clients have to do everyday
- Mary Jane – are we doing enough in our graduate training programs? – probably no but getting better
 - Question from Marcia Questel: do we think that graduate programs do a good enough job of teaching flowcharting or should that occur in other specialty training programs?

In addition, outside of "individualized goals," do we look to developmental milestones, job skills, or where else to find those "big picture" or "final" goals?

- Justin – reputation of not being the kindest, compassionate and we should be because the good behavior analyst is compassionate and kind; how do we improve this and developing those skills?
 - Mary Jane – does not think it is true that the field forgot to be compassionate because it has been there and is in its roots (Baer, Wolf, Risley, and Foxx) but there is this reputation. Believes it has to do with demands on practicing behavior analysts and have not been emphasizing it enough in teaching and training in recent years (thank Bridget Taylor and colleagues for shining spotlight on this) and how parents are telling us we need to do better; what are the component skills and teach and train it because you don't want to have compassionate skills that seem fake; we are living through the phase change!
 - Missy – agrees about the demands and how funders are involved and what BA's think are important and prioritize what's meaningful to the client and family and push back against the funder and letting them dictate how quickly I push through a particular aspect of the treatment plan
 - Peter – is some of this compassion gap a matter of who view themselves as behavior analysts as a profession or one that views themselves as one 24/7? It may very well be a matter of stress.
 - Amanda – funders play the "how about" game by decreasing hours or increasing the number of objectives and she's not fond of it at all
- Amanda – insuring teaching and training hasn't become antiquated and how many professors are familiar with the context that practitioners are working in within the real world (insurance)?
 - Missy – adjunct and university hired her since she was practicing and bringing in that perspective to the students
 - Peter –
- Question from Jerome: Between all of the different providers, different approaches, different individualized programs, is there any way to measure actual progress/quality? I have met providers who think they are doing an incredible job, but the program really is not meaningfully helping the client (as Justin presented a do this 'clap' group). By pure numbers of mastered goals, it may appear the services are progressing, but as Peter mentioned there may be no direction. In other cases, it may look like there is very little progress (low rates of mastery of goals) but this program may be generalizing safety and community engagement skills that will allow the client to gain meaningful employment or develop social relationships. There is almost no way to determine what level of progress should be achieved for each of these programs to determine if it is a quality program or not. Do you have any recommendations / suggestions / thoughts on how to determine if quality services are being delivered?
 - Justin – this is tough and since it is individualized, it will change based on the learner; one prompting strategy with one learner and a different one with another client; ask your staff why they did that? This will allow you to shape. Parameters such as are they having fun (smiling) and body language/facial expressions, tone of voice that a therapist has and is it natural; are they prepared (reinforcers available, materials ready)

- Amanda – what does it mean to have quality intervention? We need to be efficient and think of equivalent stimuli (did it take 5 mins to get one trial in) and there are many skills to teach; the learner is always right and if we don't like the situation we're in, then you need to change the conditions
- Peter – are students and staff smiling and engaged? This field is a whole body experience. Half of the students at EPIC run off the bus and into the program and that is a good indicator that something is going right. Don't be fooled by the building is what he tells so many people because who cares what someone has but go in and view the quality.
- Missy – what is the culture of an organization when it comes to the quality of services? How are folks being supported? How happy are the consumers? We need better tools to measure this.
- Our terminology
 - Mary jane – we put a tremendous emphasis on this in our education so it gets a lot of attention and yet we know it's a barrier and it's off-putting to other professions and research data is showing that people respond negatively to scientific terms including those in behavior analysis. High use of jargon showed less skills being acquired by parents during training. We are not teaching and training in a manner that is required when you are out of school and can talk to anyone in the street on what you are doing.
 - Judith – from a parent perspective, ask yourself “am I connecting with this person?” and if you don't believe you are, change your language and try to connect differently
 - Missy –
 - Justin – listen to Shannon Pennrod who is a parent and spoke at ABAI and has a funny video of jargon of the day; he shows videos of Peter, Lorri U., JFK's inaugural address, Pat Friman who can talk without jargon; also gives an assignment of reading an article and giving a 20 minute presentation and cannot use a single word of jargon and if they do, he interrupts and says “what, I don't know what you mean?”
 - Amanda – Antonio Harrison is a genius at this too and was on her podcast saying he was not going to speak in jargon at all and she can translate if she wanted; pull out titles of articles in our literature and re-title them to be more fun and understandable!
- Curriculum – what do you look for in meaningful, applied, functional curriculum and how to go about developing that for your learners?
 - Peter – took a whole bunch of IEPs, took ages and names off them and had them arrange in order and only 50% were correct so there was no rhyme or reason of what was going on so curriculum needs to be cohesive and lead somewhere. Theirs is based on 5-year plans and where is this person going to be in 5 years and picking from there; real measure of success is how are our clients doing in the real world, outside of the clinic because that is what matters
 - Missy – what are the long term overarching goals and what are the milestones within that
 - Justin – looks at 3, 5, 7 year plans and where do we want to go and it could veer here and there but get that long term plan and preparing for it. why do people brag about use of one program (a work in progress – good but outdated) so you should use more

than one curriculum; have your staff create their own curriculum based on a skill they are teaching

- What does the student want? Their input is valuable and we may not always agree but that is ok. What is going to make them happy and ease in their life and functional to their life they will use every day.
- Told story of 72 year old he worked with that was stripping and problem behavior around work and he simply asked her why she was doing it and she said she wanted to retire and no one her age should still have to work so he worked with her and the program on how she can retire.
- Amanda – choice!
- Intensity of intervention - what is the appropriate amount and how to work with funders on this issue and authorizations compared to what you're recommending
 - Missy – more intensity leads to better outcomes and shorter durations of treatment so that is great and we have that research in our fights with insurers; be confident in recommendations and data to support progress with dosage recommendation and pull back if it's not working or increase it if needed
 - Mary Jane – this isn't new to insurance with parties questioning intensity of services needed; it can be so hard and stressful to have those conversations and confidence in your professional judgment; one thing that helped her was that our opinion isn't something that can be altered based on who is funding but it's based on professional judgment on what that individual needs and our obligation (primary) is to the client, the ultimate beneficiary of services
 - Amanda – we don't have a crystal ball and most of us don't want to get it wrong but in the end, it's a prediction based on the pace we believe is necessary to accomplish the outcomes desired and the data will show whether changes are required (is this the right pairing with staff). It's hard when someone is doubting you when you already have some self-doubt
 - Peter – intensity is forgotten when it comes to adolescents and adults (making a sandwich or trip to Burger King one day a week when perhaps it needs to be everyday); no one learns without intensive practice (10,000 hours of intensive = experts)
 - “No one learns without intensive practice. It is not an autism thing. It's just what's required.” Dr. Peter Gerhardt
 - Justin – hears that number of programs equals intensity and that's not true because a single goal (friendship development; dating) takes a long time and may take more hours; intensity is not a bad word that some say it is – we shouldn't hide from that word because we're trying to make a difference, which takes time and effort
 - Amanda – they have to schedule a meeting with her and their director if they reduce to a level threshold (is this the last 6-month authorization or last two of them to graduate) because if not, reduction of hours may not be necessary or appropriate!
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