Adaptive Behavior and ASD: Life, Safety, Independence, and Community Competence

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“A major difficulty confronting those interested in adolescents and adults with autism is a lack of empirical data.”

(Mesibov, 1983, p. 37)
Underdeveloped and Uniformed


- They concluded that the evidence base about services for adults with an ASD is underdeveloped and can be considered a field of inquiry that is relatively unformed.

But anyway, this is how this talk developed over the past few years.
Part I
Part II

How come no one ever taught you this?

Having worked with a large number of adolescents and adults who could identity the sight word “poison” but would still drink the poison, it dawned on me that no matter how evidence-based your intervention may be, using it to teach the wrong skill is no better than teaching the right skill poorly.
Part III

I have come to understand that for a school, having an educational mission focused on “allowing all students to reach their highest potential” has become an excuse for pretty minimal outcomes.
So perhaps a better mission statement would be:

The mission of autism education is that graduates will exit the program:

- Not just employable but employed a minimum of 20 hrs/wk;
- Not just with social skills but with a social support network centered around where they live, work, and recreate;
- Not just with the ability to follow directions but with the ability to initiate actions on their own, and;
- Not just under our stimulus control but under the stimulus control of the environment and their ability to manage their own behavior.
Which, to me, is pretty congruent with “Transition Services” Under IDEA:

The term “transition services” means a coordinated set of activities for a child with a disability that: (1) Is designed to be within a results-oriented process, (2) that is focused on improving the academic and functional achievement of the child with a disability (3) to facilitate the child’s movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment); continuing and adult education, adult services, independent living, or community participation; (4) Is based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests; and Includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. [34 CFR 300.43 (a)] [20 U.S.C. 1401(34)]
Part IV

MY QUASI-EXPERIMENT

- Location: A private, behaviorally-based school for individuals with autism located in NYC.

- Two classrooms each with 5 adolescents with autism; each student provided ABA-based instruction in a 1:1 ratio.

- A timer was placed in the classroom and all instructors were told to move away from their students when it rang.

- Data were then collected on what the students did in the absence of the instructor.

- What do you think the students did?
Nothing

They did nothing
So what does this tell us?

- Everything we were doing was teacher directed. In other words, all student behavior was prompted, mediated, and reinforced via the instructor.

- Student engagement was maintained, at least in part, by negative reinforcement (i.e., If I do this you will stop badgering me).

- None of the skills we were teaching were viewed as being any value by my students.
Yet at the same time in dens and bedrooms across the country

The average American spends 142 hours per year (3.5 standard work weeks) playing video games. Worldwide, the total is somewhere around 3.2 Billion hours annually. I find this fascinating as game players have access to multiple, competing schedules of reinforcement that maintained an alternative behavior set prior to accessing to MMPGs.
Why?

“When you strip away the genre differences and the technological complexities, all games share four defining traits:

- A goal,
- Rules,
- A feedback system, and
- Voluntary participation.”

Jane McGonigal (2011, p. 21)

*Reality is Broken: Why Games Make Us Better and How They Can Change the World*
The 7 Dimensions of ABA

- **Applied**: Deal with problems of social importance (A goal).
- **Behavioral**: Deal with measurable behavior or reports if they can be validated (Rules).
- **Analytic**: Require an objective demonstration that the procedures caused the effect (System of Feedback).
- **Technological**: Are described well enough that they can be implemented by anyone with training and resources (Rules)
- **Conceptual Systems**: Arise from a specific and identifiable theoretical base rather than being a set of packages or tricks (A goal, feedback and rules).
- **Effective**: Produce strong, socially important effects (Feedback)
- **Generality**: Designed from the outset to operate in new environments and continue after the formal treatments have ended (Perhaps this is where voluntary participation fits in)

So we clearly have goals, rules, and a system of feedback

So maybe we need to consider generality, (i.e., voluntary participation) with adolescents/adults with ASD if we are to teach skills & skill sets that are initiated independently, generalize across environments, and maintained over time.
This is of particular concern given:
Roux, et al (2013) reported that only half of young adults with *ASD have ever worked for pay* [emphasis added] since leaving high school. When they do work they earn significantly lower wages than do age-referenced peers. Odds of ever having a paid employment were higher for those with more financial resources, greater language skills and higher levels adaptive behavior.

While data are limited, some estimates put the percentage of individuals with developmental disabilities who will be victims of sexual abuse at between around 40%.

Classrooms are both artificial, and artificially simple, environments that are never again to be replicated in the individual’s life.
ABA and Adolescents and Adults with ASD
Today we are expanding our knowledge and application of ABA into the complex area of adulthood and ASD with, it seems, mixed results. Perhaps because we still view adults with ASD in very simplistic terms.
Behaviorally-based intervention with complex adults (and all adults are complex)

“Let’s go to work”

MOs/Setting Events
- Learning history
- Adolescence & its impact
- Communication challenges
- Social challenges
- Mental health challenges
- Physical health
- Medication side effects
- Environmental stressors
- Curriculum considerations
- Boredom
- Sexuality
- Sleep issues
- Aging in & of itself
- Yada, yada, yada...

Aggression

Professional

“Huh?”
So the challenge is

\[ x = \frac{-b \pm \sqrt{b^2 - 4ac}}{2a} \]
\[ = \frac{-3 \pm \sqrt{9 + 40}}{4} \]
\[ = \frac{-3 - \sqrt{49}}{4} \quad \text{or} \quad \frac{-3 + \sqrt{49}}{4} \]
\[ = -2.5 \text{ or } 1 \]

Not look for simple solutions to complex problems...
While not forgetting that sometimes simple solutions work best. Easy, right?
Four slides on positive reinforcement
Positive reinforcement (R+) is arguably our most effective and most poorly implemented behavioral intervention when it comes to developing and maintaining new and useful skills in older individuals with autism. For example...
Effective reinforcement (R+) increases behavior. Unfortunately, in practice the reliable identification and effective application of R+ is often poorly implemented. If you have ever said:

“I don’t know what happened, I just reinforced him and he hit me.”

Chances are pretty good that while your intent was to reinforce him, in actually you presented him with his 22\textsuperscript{nd} Dorito of the morning and somewhere around his 13\textsuperscript{th} Dorito he started to get thirsty thereby negating the R+ properties of the Dorito. So in effect his hitting of you was an attempt to punish an annoying, fruitless, and repetitive behavior that he could stop no other way.
Reinforcement

Or:

“She knows she is not supposed to do that.”

Chances are pretty good that what she “knows she is supposed to do” is far less reinforcing that what she has chosen to do. I know I am not supposed to drive above the speed limit, yet I do. Why?

Bottom line here, reinforcers compete for supremacy and you had better be aware of that.
Considerations in the effective use of R+ with adolescents and adults with autism

- The extent to which self monitoring (e.g., self reinforcement) is possible needs to be assessed.

- Competing schedules of reinforcement that may impact the functional utility of the schedule you develop need to be recognized and addressed.

- To the extent possible the use of primary (other than self-delivered) and age dysfunctional secondary/social (e.g., hugs, tickles, etc.) or activity (e.g., Barney videos) reinforcers needs to be reduced or eliminated.

- The longer intervals of reinforcement generally available in adulthood may require the delivery of reinforcers with higher “value”.
And adaptive behavior intervention is a complex problem.
ADULTHOOD

“If you’re not tired, you’re not doing it right.”
In truth, the most desirable outcomes are in Adaptive Behavior

Adaptive Behavior is defined as those skills or abilities that enable the individual to meet standards of personal independence and responsibility as would be expected of his or her age and social group. Adaptive behavior also refers to the typical performance of individuals without disabilities in meeting environmental expectations. Adaptive behavior changes according to a person’s age, cultural expectations, and environmental demands. (Heward, 2005)."
Further...

- While all ADL skills are adaptive behavior not all adaptive behavior skills are ADLs.
- Adaptive behavior competencies are more complicated than inferential calculus.
- Adaptive behavior competencies involve both simple and complex decision making skills
- Adaptive behavior skills are not always highly preferred skills (e.g. tooth brushing) but, then again, some are (leisure skills).
In other words...

Adaptive behavior is everything you do that is not directly tied to academic responding. Yet adaptive behavior is not separate or distinct from academic responding. For example:

- Reciting a chemistry equation is academic but using that equation to pull a McGyver is adaptive behavior.
- Being able to identify the “EXIT” sign is academic responding but using that skill to actually leave a building is adaptive behavior.
Adult outcomes can, at least in part, be seen as a function of adaptive behavior competencies (Mazefsky, Williams, & Minshew, 2008). It is not an overstatement to say that adaptive behavior competencies will get you through times of no academic skills better that academic skills will get you through times of no adaptive behavior competencies.
Matson, Rivet, Fodstad, Dempsey, & Boisjoli, (2009) evaluated 337 adults using the Vineland Adaptive Behavior Scale to assess the differential impact of having 1) an Intellectual Disability (ID), 2) an ID plus ASD, or 3) an ID, ASD, and an Axis I mental health diagnosis. Adaptive skills were greatest for the ID group followed by the ID plus ASD, and ID and ASD plus psychopathology. Thus, the greater the complexity of diagnoses, the greater the skills deficits observed [ ].
Matson, Hattier, & Belva, (2012) noted that work, self-help, leisure, and hygiene skill deficits are often associated with a diagnosis on the autism spectrum. A number of interventions have been established to assist individuals with these impairments the most effective of which are interventions based upon applied behavior analysis (ABA).
Adaptive behavior skills should be targets of intervention early on in the intervention process because...
Adaptive Skills (chores) that typical children can do.

<table>
<thead>
<tr>
<th>AGE</th>
<th>CHORE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2-4 year olds</strong></td>
<td>Help dust, Put napkins on table, Put laundry in hamper, Help feed pet</td>
</tr>
<tr>
<td><strong>4-7 year olds</strong></td>
<td>Set (or help set) the table, Put away toys, Help make bed, Help put dishes in dishwasher, Help clear table, Help put away groceries, Water the garden</td>
</tr>
<tr>
<td><strong>8-10 year olds</strong></td>
<td>Make bed, Set &amp; clear table, Dust, Vacuum, Help wash car, Help wash dishes, Take out the trash</td>
</tr>
<tr>
<td><strong>11 year olds and older</strong></td>
<td>Above chores plus clean room, Mow lawn, Feed pets, Start doing own laundry, Make small meals, Shovel snow, Help with yard work, Empty and load dishwasher, etc.</td>
</tr>
</tbody>
</table>
What adaptive behaviors are critical intervention targets?
What is a critical instructional target?

- Any skill that, when acquired, enables the individual to independently complete a variety of community-referenced living skills AND

- Any skill that is used with sufficient frequency to remain in the individual’s repertoire. The exception here are safety skills which, ideally, are low response frequency skills AND

- Any skill that can be acquired within a reasonable time frame*.
Adaptive Behavior Intervention

The parameters of effective intervention in adaptive behavior would appear to include:

1. **Context** – Where instruction takes place
2. **Intensity** – How often instruction takes place
3. **Efficiency** – What is the response effort/equivalence associated with instruction
4. **Transfer of control** – Where does stimulus control lie
5. **Value** – Why might this skill be important to the student
The primary rule in the provision of effective adaptive behavior instruction is, “Teach where the behavior is most likely to be displayed.” It has been long documented that most individuals with autism do not independently generalize skills to new environments or maintain skills that are of little use in their primary environments. This again highlights the importance of context as an instructional variable.

Further, even the youngest individuals in transition will remain in a classroom environment for, at most, the next 7 years. Upon graduation, however, they will never again be in a similar environment and, instead, must be prepared with skills and competencies that work in the environments where they will spend the rest of their lives (i.e., their neighborhoods, communities of faith, home, etc.)
Intensity

- Intensity refers to the rate of instruction across a given time period; day, week, or month.

- There is an extremely large body of research supporting that fact that a certain level of intensity is required if skill mastery is to be demonstrated with all of us.
Intensity

- By way of example, consider the 5-year old with ASD who required 1,000 trials (50 sets of 20 trials) of color identification to consistently identify all 64 colors in the Crayola box across all teachers and all environments.

- Now take the same child at age 15 with the goal being that of buying lunch at Burger King. If he is provided 1(one) instructional opportunity (i.e., trial)/week, it will take more than 15 years to provide the 1,000 trials that were necessary to acquire a relatively simple discrimination skill (color ID).

- As such, a lack of skill acquisition is often not a function of learning ability but rather insufficient intensity within our instructional protocols.
Efficiency

- Directly related to both skill generalization and maintenance is response effort and equivalence. *This combination constitutes response efficiency which is the ease with which a task (desirable or not) can be accurately accomplished.*

- Incorporating the concept of response efficiency in instructional programming can be illustrated by the example below on cell phone use.
  - As a function of functioning level, different response efficient interventions may include:
    - *Teaching to initiate calling, dial numbers from memory, or look up in the relevant directory, or;*  
    - *Teaching to dial by finding a familiar face or icon in the phone’s contact directory, or;*  
    - *Teaching to dial by pressing a single face or icon, out of a small number of such, on the phone’s home screen, or;*  
    - *Teaching simply to retain phone with him/her to allow for answering of the phone and, as appropriate, GPS monitoring.*
Transfer of Control

- A general goal of many ABA-based programs is for teachers to demonstrate stimulus control over their students and classroom.

- However, the ultimate goal of any transition program is to transfer such control from the teacher to both the environment (e.g., stop at the red light) and the individual themselves (e.g., via self management).

- Pragmatically, as individuals age and move from a ratio of 1:1 instructional support to, at best, a ratio of 4:1, the importance of transfer of control rapidly becomes clear.
Value

- Skills that are of great value (i.e., highly preferred, have significant functional utility or provide access to R+) to the individual tend to be skills that, once acquired, are maintained over time with little additional intervention.

- Conversely, skills that are of little value generally require significant instructional intensity both during skill acquisition and maintenance phases.

- Any effective and appropriate program of intervention needs to combine both high-value and low-value targets in such a way as to support engagement, competence, maintenance, enjoyment, and personal safety.
Using the following definitions

- **Functionality**: the degree to which a skill, if acquired, can be applied across multiple environments, domains, or toward access individual preferences, interests, or desires.

- **Degree of Independence Granted**: the degree to which the acquired skill reduces dependence upon another individual across multiple environments.

- **Acceptable Error Rate**: the level of error that would be expected under typical conditions for a skill to be considered mastered. [Now “Frequency of Use”]

- **Acceptable Level of Risk**: the level of risk to self or others, if error level is exceeded OR the may be present during training.

- **Individual Enjoyment**: the extent to which an individual will be able to access reinforcement through the participation in, or demonstration of, the skill.

- **Relationship to Community Inclusion**: The extent to which mastery of the skill allows the individual to navigate increasingly diverse and complex environments or communities.
Functionality: the degree to which a skill, if acquired, can be applied across multiple environments, domains, or toward access individual preferences, interests, or desires.

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Acceptable Error Rate: the level of error that would be expected under typical conditions for a skill to be considered mastered.

Acceptable Level of Risk: the level of risk to self or others, if error level is exceeded OR the may be present during training. The risk of not providing instruction may be considered as separate level.

Individual Enjoyment: the extent to which an individual will be able to access reinforcement through the participation in, or demonstration of, the skill.

Relationship to Community Inclusion: The extent to which mastery of the skill allows the individual to navigate increasingly diverse and complex environments or communities.
An on-line survey was distributed via Survey Monkey to 60 educators and behavior analysts working at a behaviorally based school in NYC. Respondents were asked to use the Functionality Index (FI) to score 8 instructional goals randomly selected from an existing IEP developed for a 17 year old man with autism with an intellectual disability.
Rated IEP Goals

- Tooth brushing
- Sight words
- Street Crossing
- Reading for information
- Math facts – Addition & Subtraction
- Using a Credit/Debit Card
- Playing a video game
- Sorting by categories
Results

- Of the 60 surveys, 33 were returned. Of these, four were considered unusable as they were incomplete leaving 29 usable responses.

- Rankings were totaled for each IEP goal and the averages were plotted on the FI. Results are presented in the following slides.
Tooth Brushing

Functionality
- Critical - 5
- Very - 4
- Moderate - 3
- Somewhat - 2
- None - 1

Degree of Independence Granted
- Total - 5
- Very - 4
- Moderate - 3
- Somewhat - 2
- None - 1

Acceptable Error Rate
- Near 0 – 5 (< 1%)
- (>5%) - 4
- Moderate – 3 (>10%)
- (>15%) - 2
- Large – 1 (>20%)

Level of Risk
- Critical - 5
- Very - 4
- Moderate - 3
- Somewhat - 2
- None - 1

Total - 5

Enjoyment
- Total - 5
- Very - 4
- Moderate - 3
- Somewhat - 2
- None - 1

Community Inclusion
- Total - 5
- Very - 4
- Moderate - 3
- Somewhat - 2
- None - 1

Range
- Tooth Brushing: 4-5
- Degree of Independence Granted: 1-4
- Acceptable Error Rate: 4-5
- Level of Risk: 1-2
- Enjoyment: 1-2
- Community Inclusion: 1-4
# Functionality Index Combined Scores

<table>
<thead>
<tr>
<th>Category</th>
<th>Functionality Ranking</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Crossing</td>
<td>12</td>
<td>Very High 4.9</td>
</tr>
<tr>
<td>Credit Card</td>
<td>14</td>
<td>Moderately High 3.6</td>
</tr>
<tr>
<td>Category Sort</td>
<td>17</td>
<td>Very Low 1.5</td>
</tr>
<tr>
<td>Tooth</td>
<td>18</td>
<td>Moderately Low 2.6</td>
</tr>
<tr>
<td>Sight Words</td>
<td>18</td>
<td>Very Low 1.6</td>
</tr>
<tr>
<td>Reading 4 Info</td>
<td>18</td>
<td>Very Low 1.2</td>
</tr>
<tr>
<td>Math Facts</td>
<td>25</td>
<td>Very Low 1.4</td>
</tr>
<tr>
<td>Video Game</td>
<td>25</td>
<td>Low 1.5</td>
</tr>
</tbody>
</table>
Risks threatens things that we value. What we do about them depends on the options we have, the outcomes we value, and our beliefs about the outcomes we value that might follow contingent on each option we may choose. The outcomes can be certain or uncertain and our choices simple or complex. (Fischhoff & Kadvany, 2011) Risk, it seems, is unavoidable. However ignoring risk, under the guise of safety, would only seem to invite greater risk for the individual in question.

Generalization and Adaptive Behavior

- It is generally accepted that individuals with ASD demonstrate challenges in the generalization of mastered skills from one environment to another (e.g., Handleman & Delmolino, 2005).

- Yet there are those children who generalize the operation of the DVD/Blue Ray player from unit to unit, from house to house, and from home to school without any additional intervention.

- The question then becomes to what extent a failure to generalize a particular skill is due to:
  - A neurological challenge associated with a Dx of autism.
  - Our failure to attend to context as a critical variable?
  - Our failure to provide sufficient opportunities to respond that may be necessary for true mastery?
  - Our failure to consider the relationship between skill value the effort needed to complete the skill?
  - Our failure to transfer control from the classroom environs to the world outside?
- High Value + Low Effort = High Rate of SA & Significant Generalization

- Low Value + High Effort = Slow Rate of SA & No Generalization

- High Value and High Effort = Moderate Rate of SA & Significant Generalization

- Low Value + Low Effort = Moderate Rate of SA & Poor Generalization
Adaptive Behavior and Social Responding.
A quick opinion here:

I currently think that no other set of adaptive competencies relies so heavily on extremely subtle environmental cues for their correct display than do social competencies. So in this special case, the “Applied” is as critical as are the “Behavior” and the “Analysis”. Absent context, the vast majority of social competencies are meaningless. I would, therefore, point out that independent of how evidence-based your interventions may be, teaching social skills well but out of context is really no better than teaching these skills poorly, either in or out of context.
Hey, keep staring at me and you just might cure my Autism.

Then we can work on YOUR social skills.
What do we mean by the term “SOCIAL SKILLS”? Social skills might best be understood as access and navigation skills... they are how we acquire desirables and avoid negatives by successfully navigating (and manipulating) the world around us. They are complex, multilayered skills that are bound by both content and context.
Walton & Ingersoll (2013) note that most work on social skill interventions has been conducted with young children, and that a number of potentially effective interventions have been developed. While social skills intervention needs be begin soon after diagnosis, social skill intervention remains important across the lifespan. This is of particular importance given that the social deficits associated with ASD do not resolve with development and may, in fact, be more pronounced given the normative social repertoire of typical peers.

A Functional Analysis of Social Responding?

<table>
<thead>
<tr>
<th></th>
<th>Positive Reinforcement</th>
<th>Negative Reinforcement</th>
<th>Positive Punishment</th>
<th>Negative Punishment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Greeting</strong></td>
<td>Attention in the form of social greeting returned</td>
<td>Social isolation terminated? Prompting terminated?</td>
<td>Attention in the form of social greeting returned</td>
<td>Social isolation terminated</td>
</tr>
<tr>
<td><strong>Sharing Food</strong></td>
<td>Increased peer interactions (i.e., those reinforced by food.)</td>
<td>Social isolation terminated? Prompting terminated?</td>
<td>Increased peer requests for food.</td>
<td>Removal of a quantity of food</td>
</tr>
</tbody>
</table>
Curb Cuts
“Curb Cut (n) - A small ramp built into the curb of a sidewalk to ease passage to the street, especially for bicyclists, pedestrians with baby carriages, and physically disabled people. [sic]”
So what would constitute a curb cut for someone with ASD?
Resilience
(or, as a behavior analyst, resistance to extinction)
A failure is not always a mistake, it may simply be the best one can do under the circumstances. The real mistake is to stop trying.

B.F. Skinner
1904 - 1990
**Resilience** is an individual’s ability to properly adapt to stress and adversity. Resilient behavior develops over time and is composed of a variety of factors which prescribe the manner in which we respond to challenges. Behavioral competencies associated with resilience include:

- **Perseverance**, or the ability to continue with the behavior in question in the absence of high rates of positive reinforcement.

- **Flexibility**, or the ability to generate new strategies to solve a particular problem.

- A learning history that has included error identification and correction as a specific instructional goal.

- The ability to manage impulsive behavior and/or ignore environmental distractors.
In behavior analysis

We have long acknowledged the phenomena of learned helplessness (Seligman, 1975). Learned helplessness arises from repeated experience with unpredictable and uncontrollable events (often traumatic events) and results in a reduced ability to cope with life challenges across multiple domains.

In behavior analysis

Yet we have not provided the same level of interest or understanding to phenomena of learned optimism (Seligman, 1990). Learned helplessness arises from repeated experience with unpredictable and uncontrollable events (often traumatic events) and results in a reduced ability to cope with life challenges across multiple domains.
#2
Decent Choice Making Instruction
Effective choice making is central to many of the competencies associated with adulthood. However, teaching simple either/or choices is simply not sufficient.
For Example:
I think I might like an apple

Whole
Sliced
With Cheese
Maybe Applesauce?

Granny Smith
Red Delicious
Macintosh
Yellow Delicious

If you have nothing else
#3

Extend our sphere of influence to include the behavior of typical community members

“If you neurotypicals have all the skills, why don’t you adapt for a while dammit! Why is it always me fault?

Donna Vickers
Knowledge can be Powerful!

“... under appropriate conditions interpersonal contact is one of the most effective ways to reduce prejudice between majority and minority group members.” (Alpert, 1954)
How open is the community to this level of training?

- 25% are very open
- 50% are open but nervous
- 25% are Untrainable!
Which in practice may look like this.

- Student is able to complete X% of a particular skill competency.
- Community members meet individual at point of deficit and help achieve desired level of competence.
- Changes to instruction, outcomes, environment, etc. lower the difficulty associated the skill competency.
#4

Teach the right skills in the right context (i.e., where the behavior is most likely to be displayed.

What you do EVERY DAY matters more than what you do ONCE IN A WHILE.

— Gretchen Rubin

www.happiness-project.com
#5
When we have interventions that are evidence-based, they need to be implemented in the classroom.
Video Modeling is an EVP

- Video modeling interventions involve having an individual with ASD watch a video of an adult, peer, or him/herself perform a behavior correctly, in hopes that the individual with ASD will begin to spontaneously perform the observed behavior after viewing it on video.

- Video modeling has been used to teach a variety of social, educational, adaptive, and vocational tasks to individuals with autism (Bellini and Akullian 2007) although only one study (Nikopoulos and Keenan, 2003) has targeted social skills in older individuals.


Social Stories or Scripts: Hard to say.

Social Stories, popularized by Carol Gray, consist of brief stories or scripts describing a particular social, behavioral, or problem solving skill. Though popular, the research into the effectiveness of Social Stories is, at best, mixed. One possible explanation is that there may be two different groups of individuals (i.e., responders v. non-responders) but, beyond a certain level of language comprehension, the characteristics of each group are undefined.
Peer Mediated Interventions can be EBP

A small number of studies have found that peer-mediated interventions, can be effective at increasing social interactions of individuals with ASD (Chan et al, 2009). Peer mediated interventions are those in which typically developing peers are taught strategies for interacting with individuals with ASD. Peer-mediated strategies are meant to capitalize on the existing social skills of typical peers and to serve as models of appropriate social behavior. (Chan et al. 2009).

Social Skill Groups: Not an EBP

Social Skill Groups, while commonly used with high verbal individuals, lack an adequate research based. Among the myriad questions are what constitutes a social skills group, what curriculum is used, what social behaviors are targeted, how frequently should sessions be run and, how many sessions are needed to produce behavior change.
Self Monitoring/Management is EBP

Self-management strategies are intended to teach individuals with ASD to independently regulate their own behaviors and act appropriately in a variety of home, school, and community-based situations. Considered an evidence-based practice, the critical elements of self-management include goal setting, monitoring behavior, evaluating progress and self reinforcement.
Accept that life is not perfect

- For example, a recent study found that 15% of men and 7% of women didn't wash their hands at a public restroom. When they did wash their hands, only 50% of men used soap, compared with 78% of women. Further, only 5% of people who washed their hands scrubbed long enough to kill germs that can cause infections.

- A recent study found to only about 20% of Americans actually balance their checkbook yet this skills remains a staple of “functional” transition programming.

- In a recent study on casual sex during spring break, researchers found that 15% of men and 13% of women had sex with someone they just met. Further 77% of college-age women and 83% of men reported having had casual sex at least once.

- Errors and mistakes happen all the time. The trick is minimize big mistakes while accepting a certain, “non-dangerous” error level. So is competence to be average? Better than average? What? Accept some variability from time to time.
Quality of Life as a Transition Outcome
“...happiness among people with profound multiple disabilities can be defined, reliably observed, and systematically increased” supporting the fact that “the contributions of behavior analysis for enhancing the quality of life among people with profound and multiple disabilities may be increased significantly.”

C. Green & D. Reid, 1996
A very quick example re: Happiness

G. Satriale, A. Glickman, & P. Gerhardt, 2009
Purpose: To reduce stigma associated with one-on-one instruction (close proximity and physical prompts) by providing auditory /visual cues via watch during the workout routines at the local fitness center.
Baseline:
- Participants wore the MP4 player watch or iPod and earphones/headphones connected to the device
- Use written schedule and a portable timer to follow the workout schedule (checking schedule, setting a timer,
- Partial and/full physical prompts were provided as needed
Technology: Electronics

MP4 player/ iPod™

- **Intervention:**
  - Participants wore the MP4 player watch or iPod with earphones or headphones connected to the device
  - Verbal directions combined with highly preferred music were given via MP4 player or iPod
  - Partial/full physical prompts were provided as needed
Technology: Electronics

MP4 Player/IPod™ - Result

Nicky Workout

Percentage of Independent Completion

date


winter break

MP4 Player

MP4

w/o
Technology: Electronics

As to Happiness...

Affect (Workout)

- Red: with watch
- Blue: without watch

Emojis: 😞 😞 😊 😄 😃
QOL as a human right?

All persons enjoy the “right to be left alone, [ ] the privilege of an individual to plan his own affairs, ... to shape his own life as he thinks best, do what he pleases, go where he pleases [ ] the freedom to walk, stroll or loaf.”

Supreme Court Justice William O. Douglas (1973)
We subsequently can operationally defining QOL by what it is by using certain “core indicators” For Example:

<table>
<thead>
<tr>
<th>Life Condition</th>
<th>Physical Well-Being</th>
<th>Social Inclusion</th>
<th>Material Well-Being</th>
<th>Self-Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>Community Participation</td>
<td>Finances</td>
<td>Autonomy and Control</td>
<td></td>
</tr>
<tr>
<td>Access to Health Care</td>
<td>Community Roles</td>
<td>Employment</td>
<td>Choices</td>
<td></td>
</tr>
<tr>
<td>Access to Leisure</td>
<td>Social Supports</td>
<td>Housing</td>
<td>Person Centered</td>
<td></td>
</tr>
</tbody>
</table>

Schalock, Robert (2001)
Some closing thoughts...
Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead
A failure is not always a mistake, it may simply be the best one can do under the circumstances. The real mistake is to stop trying.

B.F. Skinner
1904 - 1990
*Stolen, without permission, from the University of Houston, Clear Lake ABA Program Website.*
Selected References


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