RBSRC New Member Training, Pt. 1

June 13, 2019

Additional Information and Participant Responses
What is this document?

• It provides an addendum to the references provided in the slides—these are the articles that Lucas mentioned throughout the presentation. Copies of the papers can be made available upon request (email lucas.evans2@dmh.mo.gov)

• Data from participant’s responses are also visualized to provide an overview of the rich discussion that occurred
Additional References

(copies available upon request)


Case Example Data

• This data was taken from the responses entered into the Chat Box/Q&A Box

• Responses were coded into categories based on content and are presented as ‘% of participants that mentioned category’ – for example, if 100% is reflected on the bar for category A that means that 100% of the participants (that responded) produced a comment that included category A
Why specifically is crib being used? Are there medical concerns? Are doctors involved? Have lesser-restrictive modifications been attempted to address safety concerns? Is this for Caregiver Convenience? Consider the person: What does he want? Can he get out whenever he wants? Teaching / Reinforcement Strategies should be tried. What needs to change in environment to promote healthy sleep? Plan to fade out use of crib. What data is being tracked to evaluate use of bed? The crib should be faded out. Not necessarily Restrictive.
Treatment Must be Individualized
What less-restrictive interventions have been tried
What reinforcement, teaching and other positive strategies are in place?
Consider the people: What does they want? Can they say no? Why must they comply?
How is TO intended to be vs. actually implemented?
Was TO previously approved by Central Office?
What does data show about TO? Is it working (behavior is decreasing)?
Challenge Question Data

• This data was pulled directly out of Event Center
• Participants were presented with multiple choice or true/false questions and forced to choose an item(s)
• Data is displayed by ‘# of participants’ and the Y axis is kept at 35 across all charts – for example, if a bar for the answer “True” indicates 30, that means that 30 participants answered “True” for that question
How often do you think about the restrictiveness of the strategies when creating interventions?

- Each time I develop interventions: 30
- When I think I might have to use some aversive contingencies: 1
- Whenever someone requires it: 1
- I don't Usually: 3
If you evaluate restrictiveness of the strategies you develop, are you considering short term and long term effects of those strategies for the individual?
Do you believe that peer review is a worthwhile process to evaluate restrictiveness of interventions?
Do the APA guidelines allow (give permission) or recommend caution regarding the use of punishment?
It could not, as the presence of the mechanism would necessarily limit the transfer of stimulus control to other environments. The procedure would need to be run 24/7 wherever the person went. That is an issue to be considered when the behavior reduces to 0.

How would a "quick effect" aversive like electric shock device meet the obligation of generality?
Rate the restrictiveness of each of the following: A Differential reinforcement procedure to shape behavior, when the "not earned" situation results in extreme emotional responding. For the person implementing the procedure, this is
For the child who experiences the DRO and not earning contingency, the procedure is:
Situation: Large gentleman who is frequently punching people in the face, the intervention is a brief manual hold. How aversive/restrictive is this to the implementor?
Do you think that typical FBA process and resulting interventions take into account all three levels of prevention?
Are strategies that include aversive consequences necessarily more restrictive considering the context of DD services?

- No, the restrictive value of a strategy still depends on the severity of the behavior being addressed. (5 participants)
- No, aversive consequences that are not extreme are well accepted in the Missouri DD culture. (1 participant)
- Yes, the philosophy of the field of DD services and the funding entities have heightened the restrictive value of aversive consequences. (20 participants)
Does restrictive mean unethical?

No: 5
Yes: 25
It depends on how restrictive a strategy is and the support for its use.
Does determining a strategy is restrictive mean that it is prohibited, or cannot be used?