

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

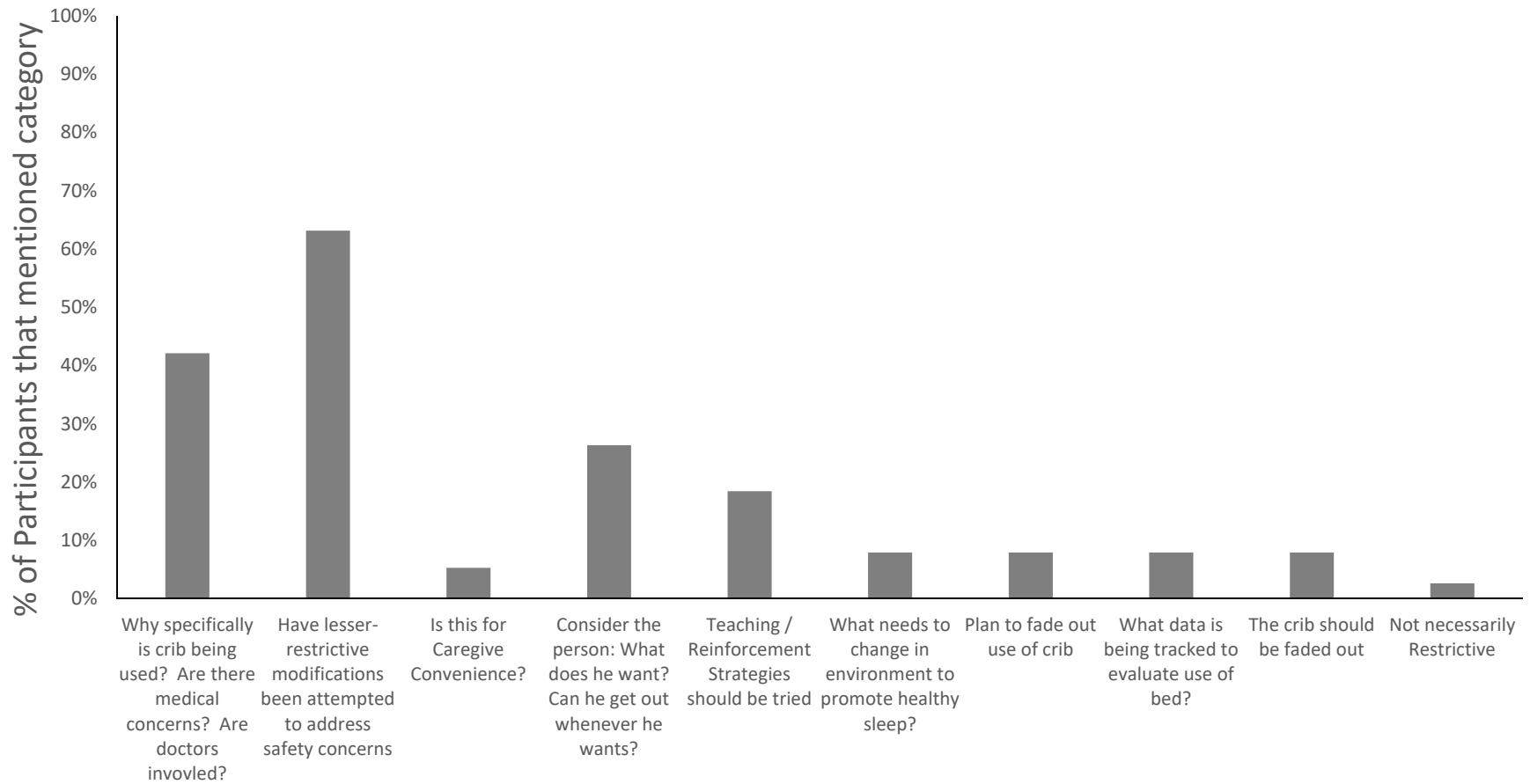
(copies available upon request)

- Goldiamond, I. (2002). Toward a constructional approach to social problems: Ethical and constitutional issues raised by applied behavior analysis. *Behavior and Social Issues, 11*, 108-197.
- Fernandes, R. C. & Dittrich, A. (2018). Expanding the behavior-analytic meaning of “freedom”: The contributions of Israel goldiamond. *Behavior and Social Issues, 27*, 4-19.
- Layng, T. V. J. (2009). The search for an effective clinical behavior analysis: The nonlinear thinking of Israel goldiamond. *The Behavior Analyst, 32*(1), 163-184.
- Jessel, J. & Ingvarsson, E. R. (2016). Recent advances in applied research on dro procedures. *Journal of Applied Behavior Analysis, 49*(4), 991-995.

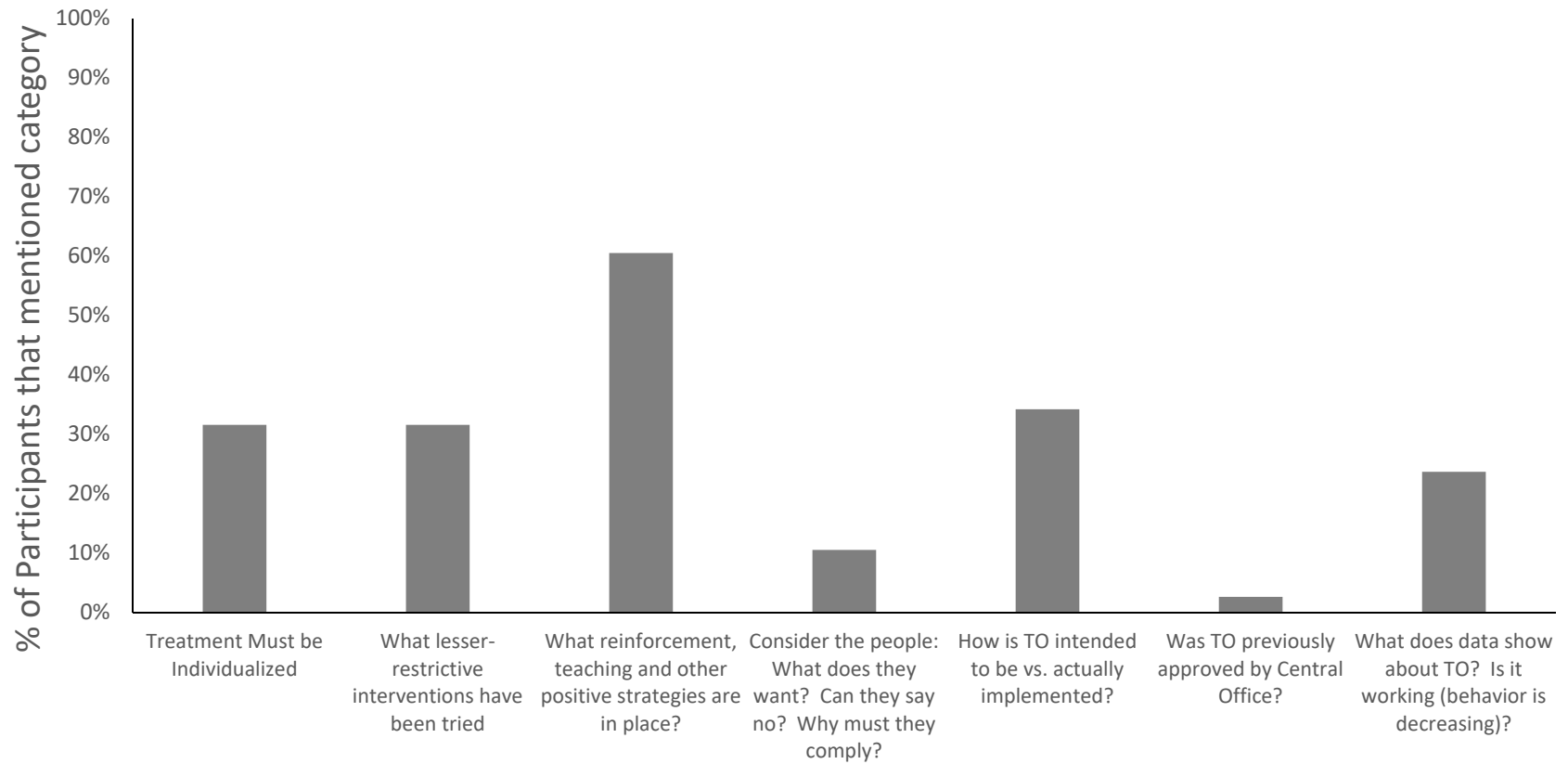
Case Example Data

- 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

Case Example 1 Participant Responses by Category



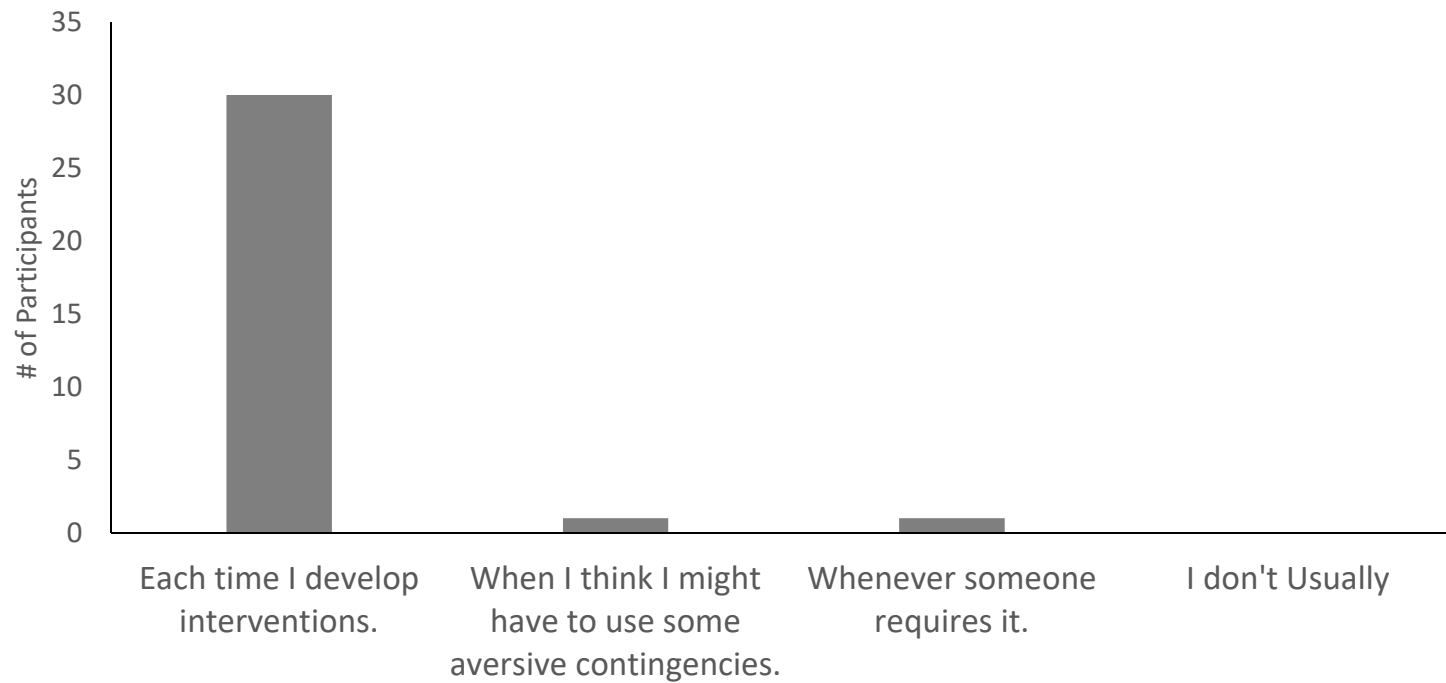
Case Example 2 Participant Responses by Category



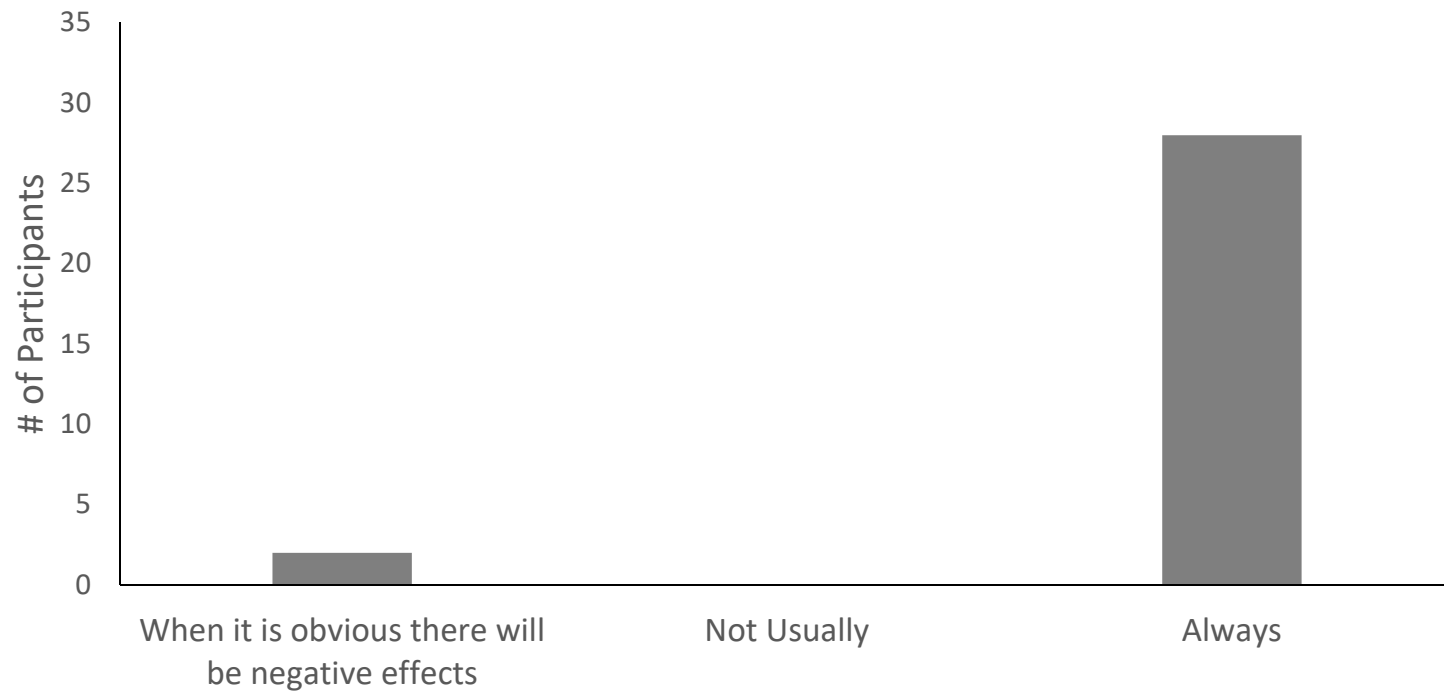
Challenge Question Data

- 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

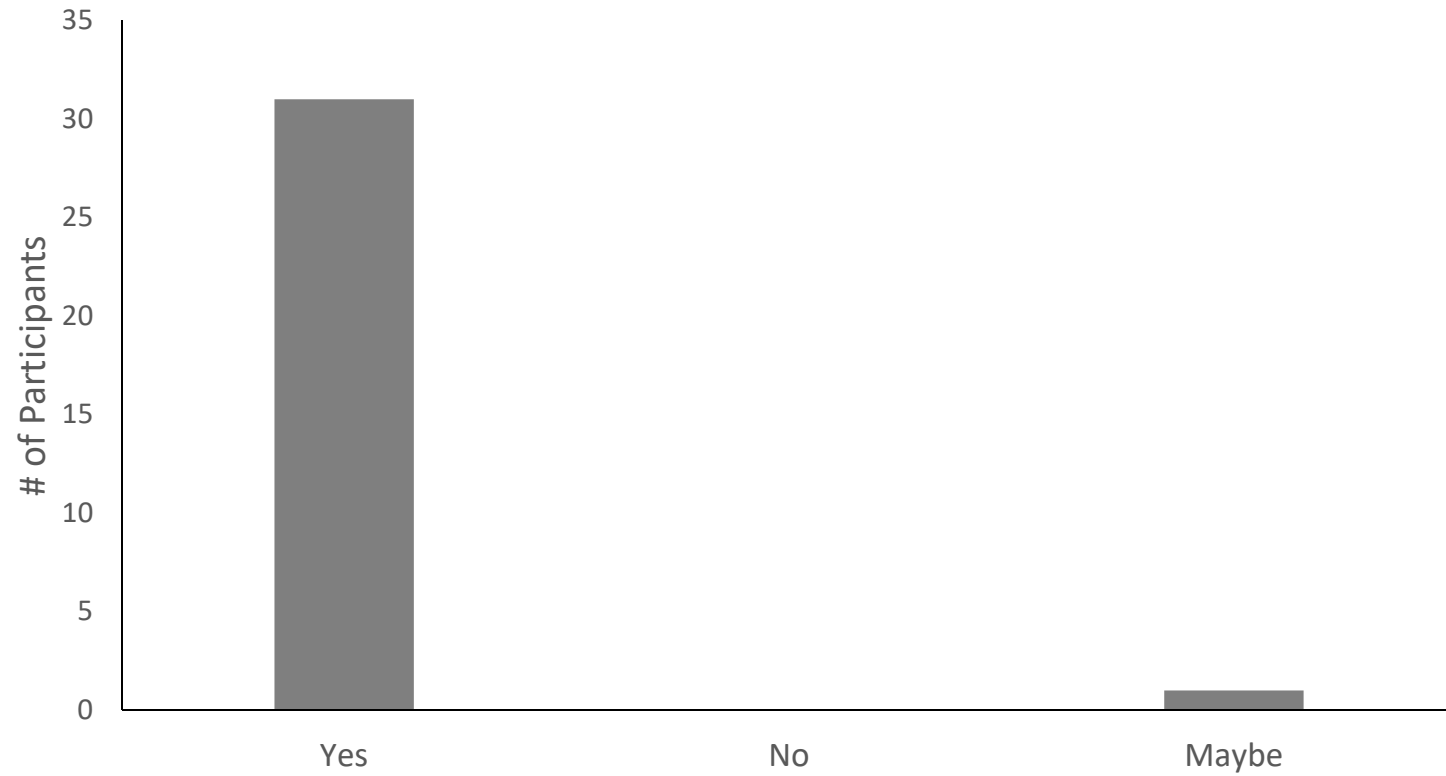
How often do you think about the restrictiveness of the strategies when creating interventions?



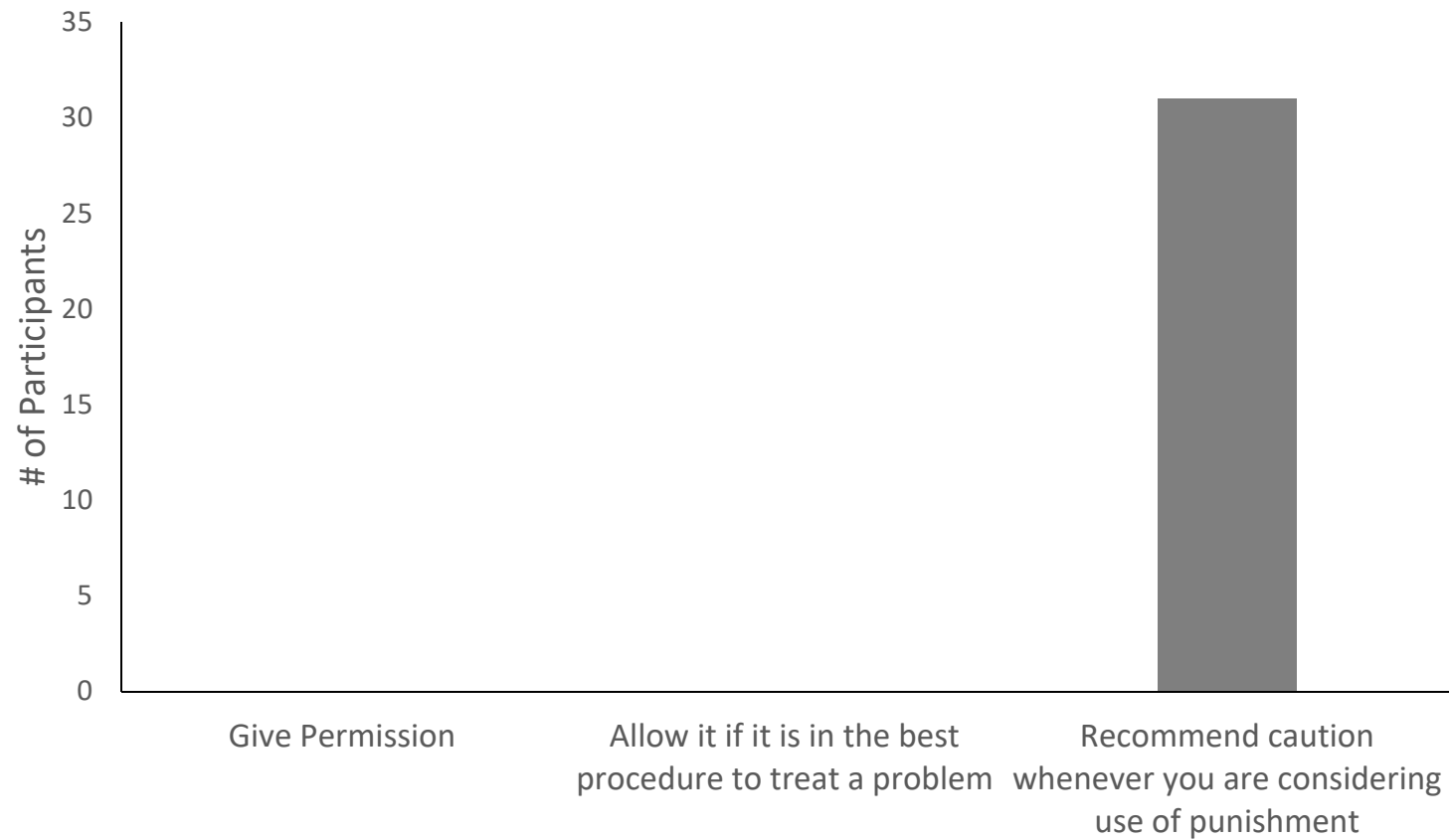
If you evaluate restrictiveness of the strategies you develop, are you considering short term and long term effects of those strategies for the individual?



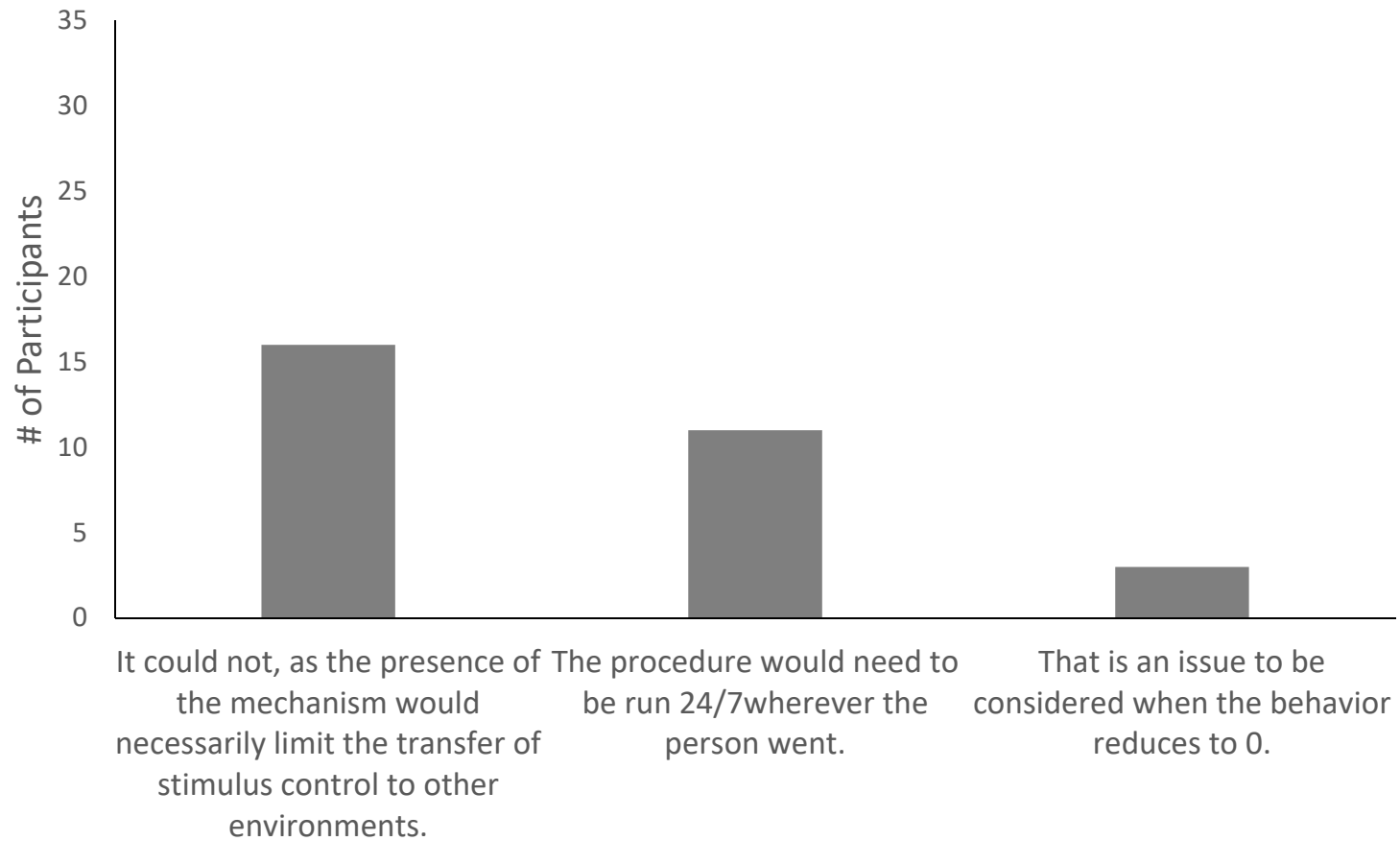
Do you believe that peer review is a worthwhile process to evaluate restrictiveness of interventions?



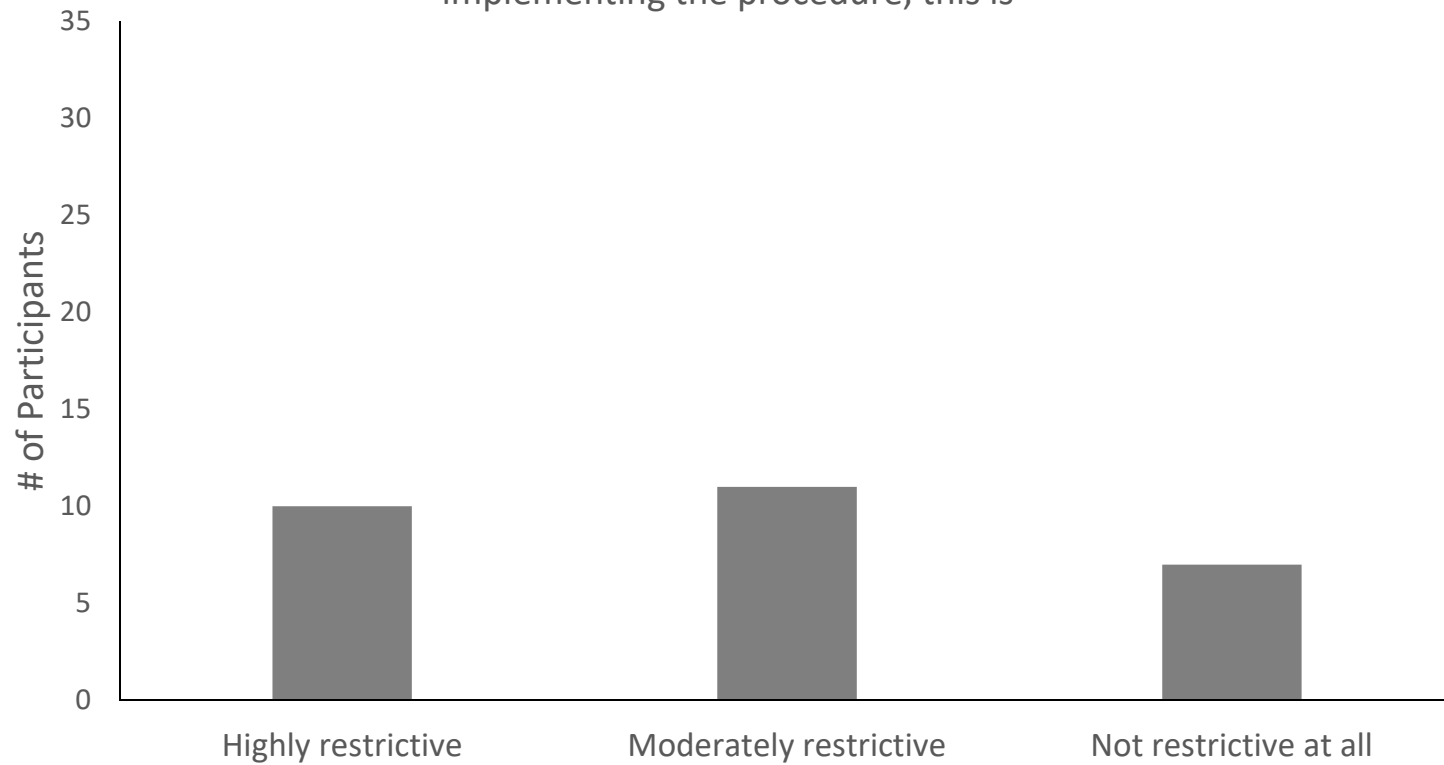
Do the APA guidelines allow (give permission) or recommend caution regarding the use of punishment?



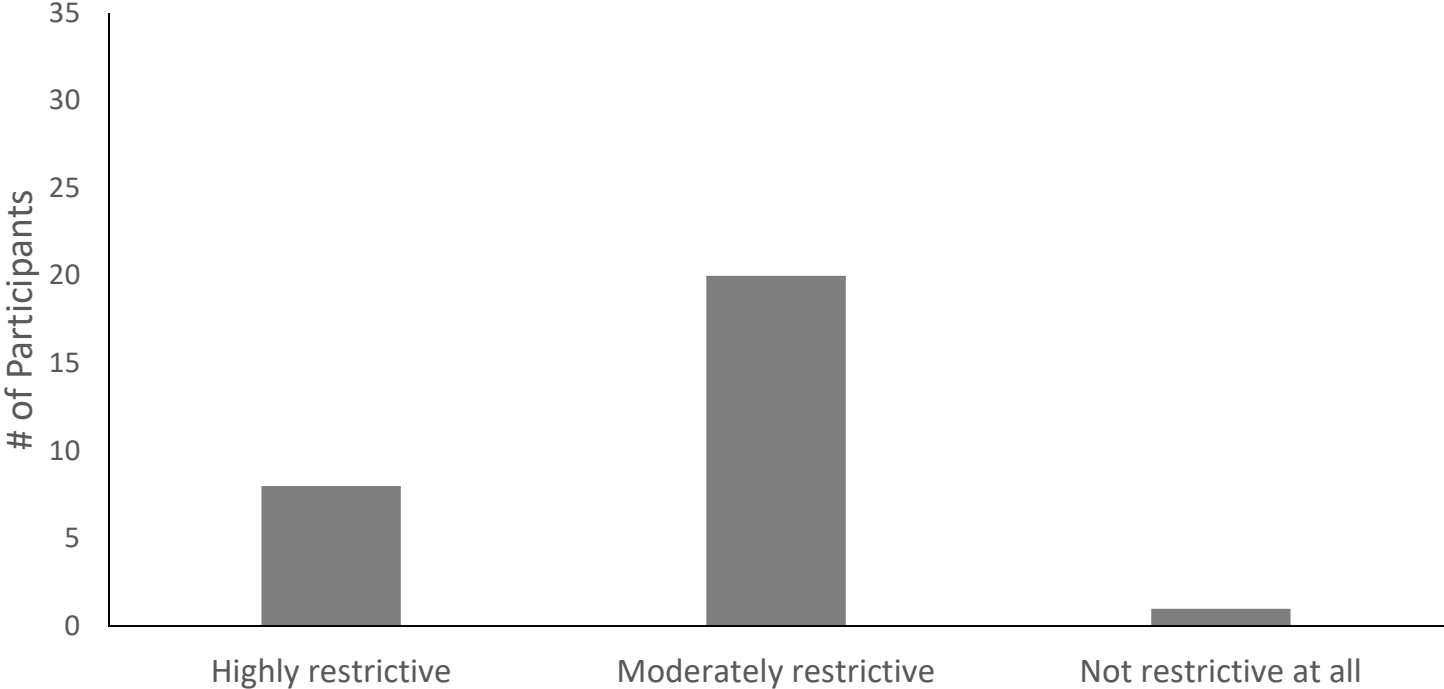
How would a "quick effect" aversive like electric shock device meet the obligation of generality?



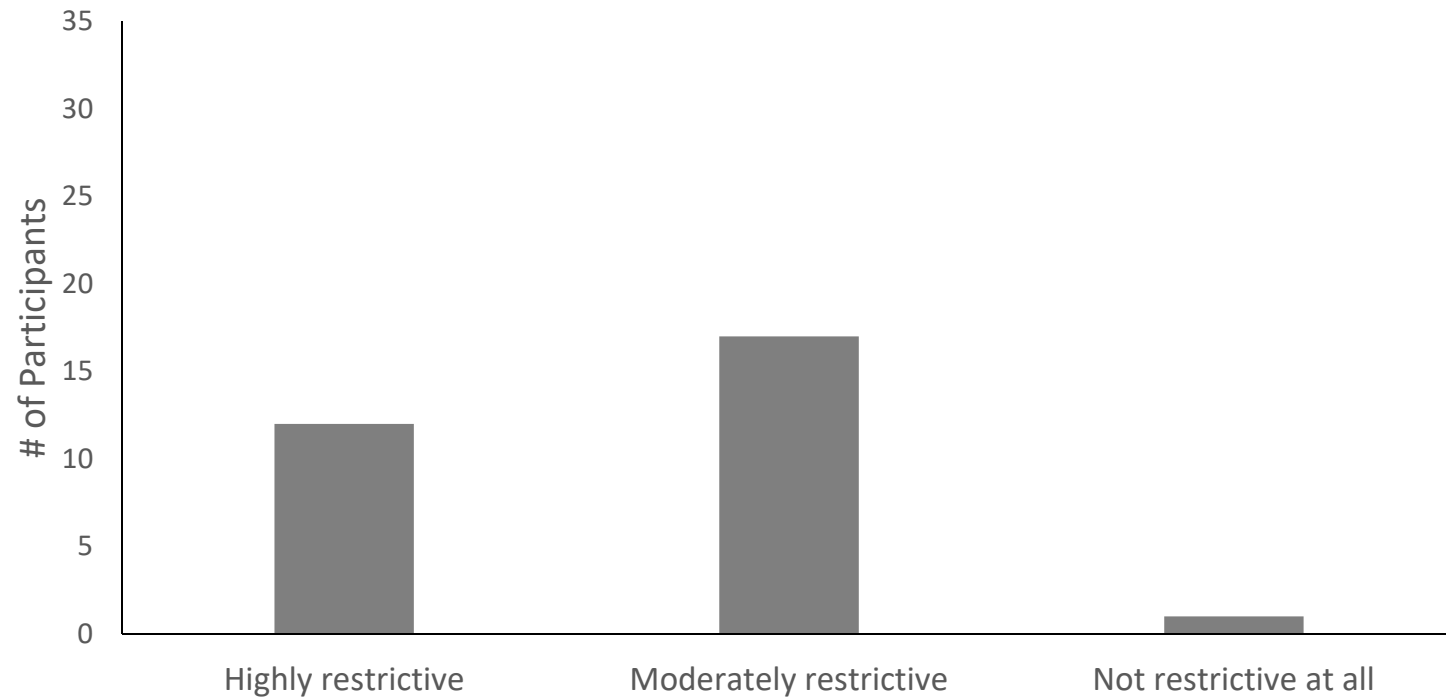
Rate the restrictiveness of each of the following: A Differential reinforcement procedure to shape behavior, when the "not earned" situation results in extreme emotional responding. For the person implementing the procedure, this is



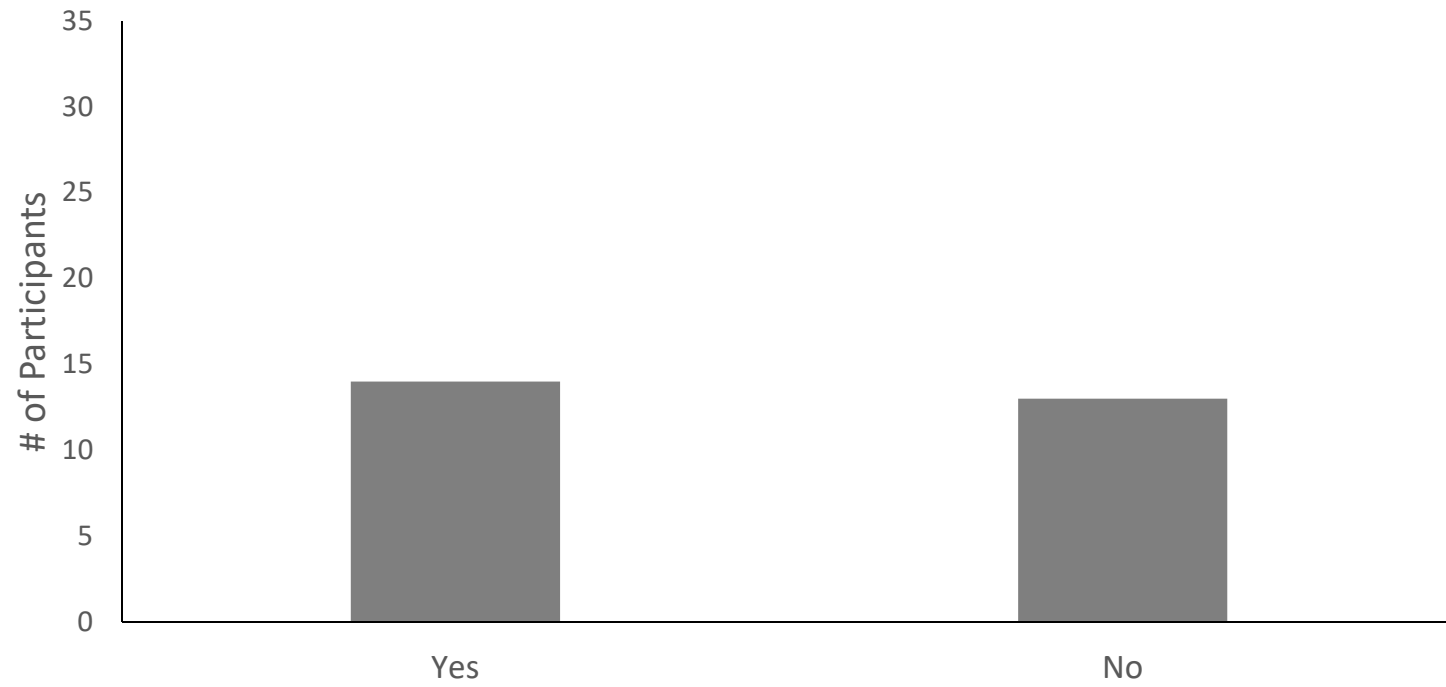
For the child who experiences the DRO and not earning contingency, the procedure is:



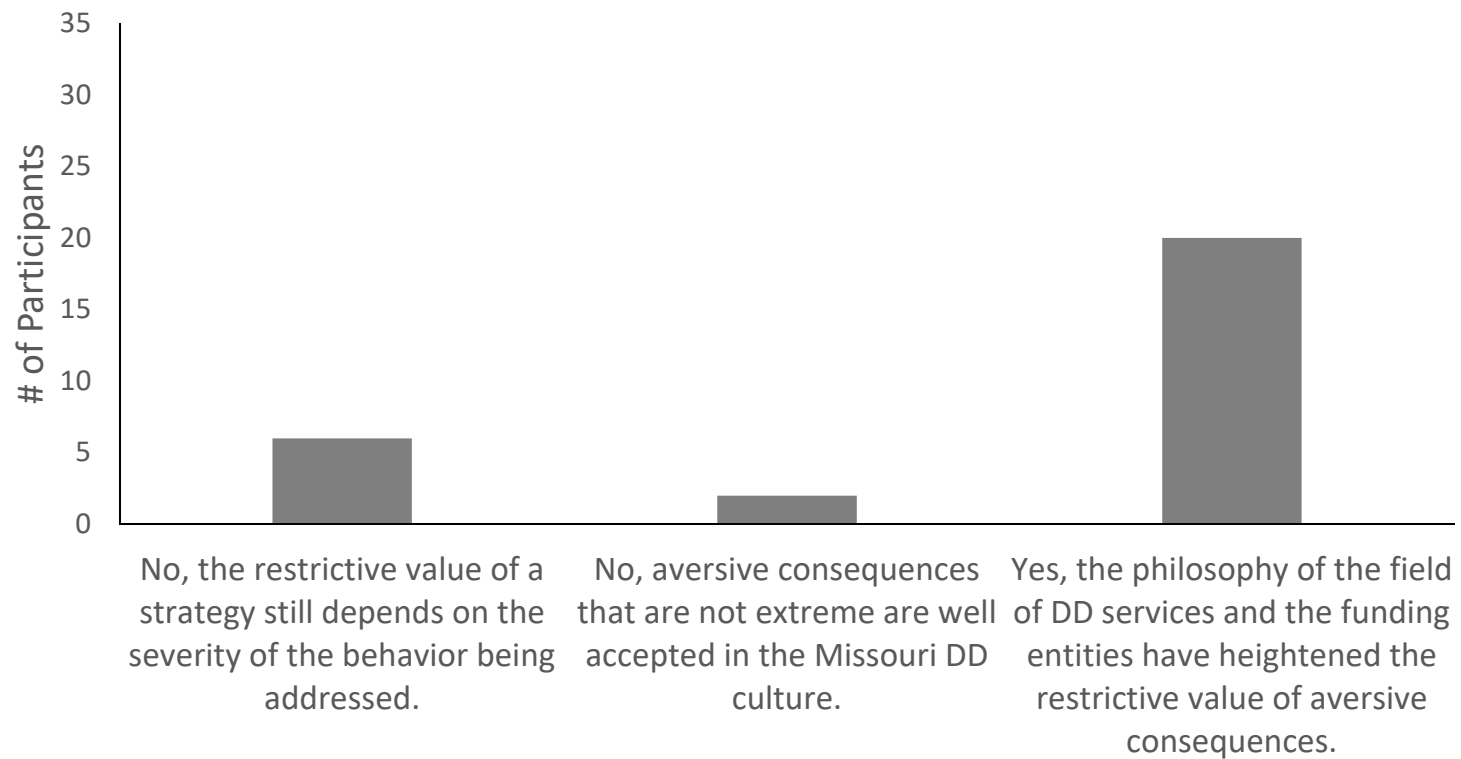
Situation: Large gentleman who is frequently punching people in the face, the intervention is a brief manual hold. How aversive/restrictive is this to the implementor?



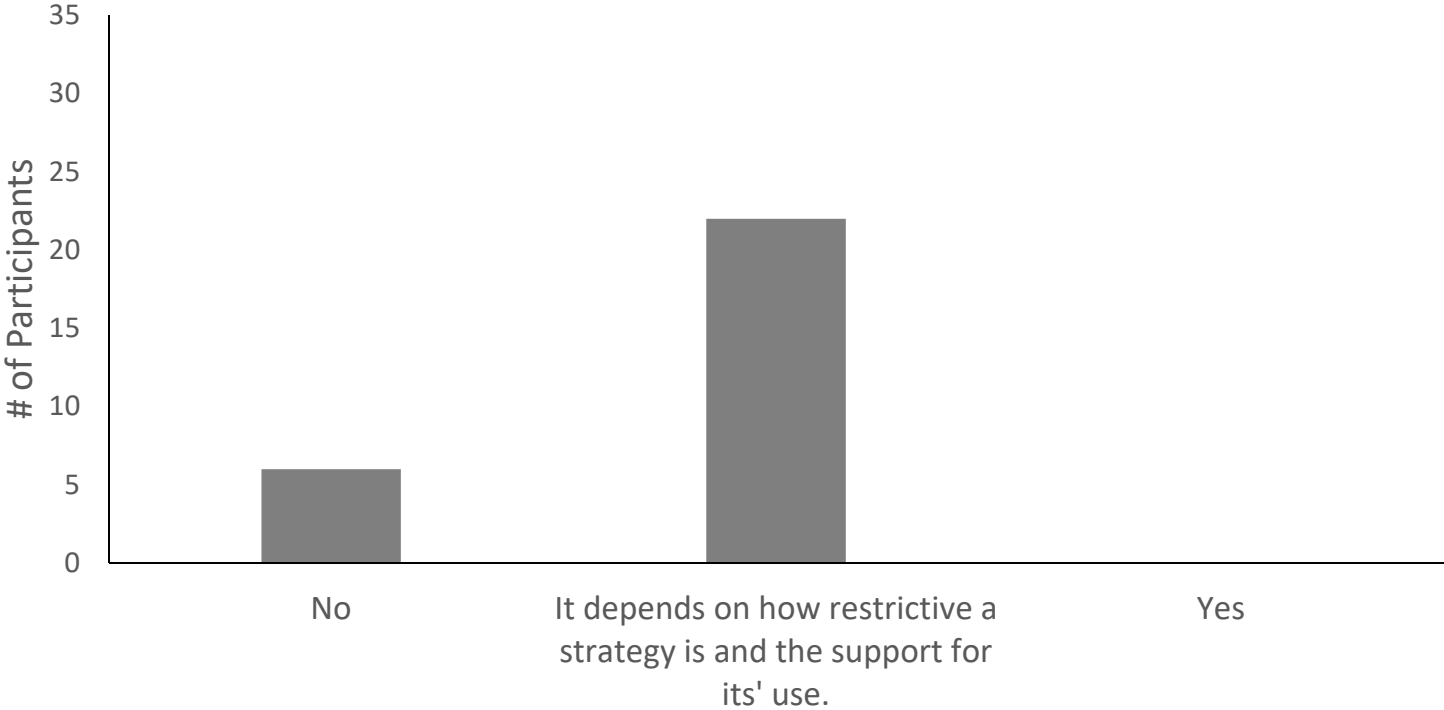
Do you think that typical FBA process and resulting interventions take into account all three levels of prevention?



Are strategies that include aversive consequences necessarily more restrictive considering the context of DD services?



Does restrictive mean unethical?



Does determining a strategy is restrictive mean that it is prohibited, or cannot be used?

