Connecting Behavior and Communication for Successful and Functional Outcomes

Presented by
Linda Bonnar
M.A. CCC-SLP/ATP
Director of Communication Pathways

&
Mark Geren
M.S. BCBA
Consultant/Trainer QBS Inc.

Learning Objectives

- Participants will demonstrate an understanding of the similarities that exist between behavioral and speech pathology services.
- Participants will demonstrate a global understanding of how behavior impacts communication and vice versa.
- Participants will be able to describe at least 2 strategies that can be incorporated to assist in decreasing problematic behavior and increase more effective communication.
History of Traditional Speech/Language Services and Views on Behavior Interventionists

- Pull-out— what happened if behavior occurred?
- Separate entities
- Early ABA was equated with Discrete Trial Teaching
- MYTH: ABA intervention $\rightarrow$ Robotic/Unnatural Responding

The Truth

- There are a lot of overlaps between SLP’s and BCBA’s
  - They both offer support to individuals that have communication challenges
  - They both work to improve overall language abilities such as:
    - Receptive and expressive language skills
    - Vocabulary – objects, actions, body parts, prepositions
    - Functional communication
    - Pragmatic language
    - Augmentative Alternative Communication e.g. PECS
    - Initiated language
    - Generalization of responses
- Recognize challenging behaviors as being communicative; focus on replacing those behaviors with positive and appropriate communication
- Recognize the importance of data collection procedures in order to document and report goal progress
- Advocates for evidenced based practice
- Both use prompting, chaining, shaping procedures and reinforcement in treatment
- With new skills, both start in a structured manner and then progress to embedding these skills into natural contexts
- Cusp- Getting your biggest bang for your buck

---

**The Truth Continued**

- There may be some different terminology but it really equates to the same skill
  - Manding=requesting
  - Tacting=labeling
  - Echoics=sound production
  - Intraverbals= fill-ins; cloze activities

- It takes a lot of people and a variety of different skillsets to help children learn-- so doesn’t it make sense for us to work together?
General Understanding

- Most problem behavior is communication in that it produces reinforcement mediated by others.

- However, not all children with behavior challenges require speech/language services and vice versa.
  - Speech Pathologists are effective behavior modifiers
  - Behavior Analysts are good language interventionists

Matching Law and Problem Behavior

- Straight extinction can be:
  - Unpleasant
  - Unmanageable
  - Attempts may lead to strengthening problem behavior, in some cases.

- Reinforcing alt R at higher rate may better option.
  - Different practical variations
Attending

- Attending: they have to see it, hear it, touch it...in order to respond to it.
- Obtaining, maintaining attention
  - How do we do that?
  - It starts with a reinforcer (actual)
- Observing-responses
  - Non-differential (e.g. “look”; hands down)- showing the reinforcer to obtain looking
  - Differential

Attending Continued

- Insuring attending
  - Introduce natural pause.
  - Decreases “impulsive” responding.
  - Increases accuracy
  - Reduces frustration
Other Common Ground

- Reinforcement
- Differential Reinforcement
- Pairing
- Behavioral Momentum
- Functional Communication-
  - We hear a lot about this.

FUNCTIONAL COMMUNICATION

- “Motivational moment” happens or is arranged
  → Prompt Response → Response Happens → Reinforcer Happens (Linked to Motivational Moment)

- Fade the prompt over multiple opportunities (planned or naturally occurring)
Case Story #1

- FBA indicated – Behavior exhibited=dropping, bolting; sliding out of seat.
  - Escape Maintained
- First attempted: Functional Communication
- Added systematic delay to prompt for saying (signing) break for Escape
  - to reduce problematic behavior.
    - X seconds on task
    - → prompt sign and say “break”

Case Story #1 Continued

- When this did not get the desired outcome, we implemented a variation of strategy #1: Fixed Interval Initially and then to Variable Intervals with progressively lengthening average interval.
- Increased average interval by 10% every 3 days (min) with 0 interfering behavior.
Case Story #1 Continued

- Advanced average interval very slowly.
  - Some were short, some long, some medium
- Allowed for increased tolerance/endurance without even hints of problem behavior being embedded within interval.
  - No practicing of problem behavior
  - Problem behavior was precluded
- Learned a completely different routine
  - Starting with come sit momentarily, then take a break.
  - Then, for longer periods of time and to work
Case Story #2

- Getting a whisperer to speak up
  - Vocal play
  - Giggling/laughing
  - Simultaneously with a prompt to talk
- Behavioral Momentum?
- Elicitation?
- Embedded Prompts?
Case Story #3

- Gaining instructional control over interfering behavior
  - Pervasive Scripting
  - Aggression

**Attending: Quiet Waiting**

*Target Response:* During direct instruction, the student reliably sits quietly, looking in the direction of the teacher, with no interfering behaviors, for at least 5 seconds, across 3 staff, and 3 locations.

*Purpose:* Improved responding across all learning trials due to reduced interfering behaviors.

*Materials:* Teacher seated across from student with pointer, data sheet, tokens, and reinforcer.

*Waiting Criteria:* The teacher models sitting quietly in an upright position with forearms on table, crossed, with hands on or under opposite arm, and feet still. The teacher waits for X (See Variable Time Interval listed in steps) consecutive seconds of the student exhibiting the modeled behavior and then initiates the trial. Physically prompt the student’s hands if he does not exhibit the model hand arm position. During the waiting interval, the student will not exhibit any of the following behaviors: talking, whispering, picking nose, biting fingers, kicking feet, pinching arm or head down.

*Wait Trial Procedure:*

1. **Provide Instructional Cue:** Wait until student is quiet and then say “[Student name]”
2. **Wait- DRA:** To obtain a correct response the student needs to maintain the waiting criteria (described above) for a range of seconds. See step below.
3. **Visual timing cue:** Staff holds the pointer up and slowly moves it up/down/side to side until the variable interval has been successfully completed.
4. **Correct Response:** Immediately provide token and enthusiastic, specific praise. Score as correct if applicable. Go to next trial.
5. **Backup Reinforcer:** The backup reinforcer is two minutes of access to a preferred activity, as indicated by a PECS request.
6. **Incorrect response:** If student does not maintain the waiting criterion, score as incorrect. Token is not earned. Score as incorrect.
7. **Run correction trial:** Staff puts the pointer down, turns head to the side and down for 1-2 seconds. Trial is repeated. If correct provide reinforcement and repeat. Do not record an additional mark for correction trials

**Mastery:** 3 consecutive sessions (3 sets of 9 trials equals one session 27 trials) with no more than 3 errors in total 24 out of 27 correct.

**Steps**

1.  VI  1-5 seconds  1 staff  1 location
2.  VI  1-5 seconds  2 staff  1 location
3.  VI  1-7 seconds  2 staff  2 locations
4.  VI  3-10 Seconds 2 staff - small crayon
5.  VI  3-10 seconds 2 staff - use of pointer finger
6.  VI  3-10 seconds 2 staff - no visual aid- teacher hands on table
7.  Incorporate into discrete learning trials. See teacher/Bcba

**Mastered:**
In Conclusion

- We have learned the benefits that come from working together.
- Philosophical differences quickly disappear when we focus on the procedural description, the child’s response and the targeted outcome.
- The tie that binds is accurate procedural description.

Thank you!!
Questions?
Linda Bonnar M.A. CCC-SLP/ATP
lbonnar@pinetreesociety.org
Mark Geren M.S. BCBA
Mgeren@qualitybehavioralsolutions.com