

## Helena Part 2

**You have been working with her for a few weeks now and you have noticed that the following is occurring:**

**1. Hitting has decreased with non preferred demands but has increased with Mom and Grandma in a new situation--when they return from the store. While at the store, she is screaming in the faces of her grandma and Mom whenever they touch the cart, even if it's to place a grocery item in the cart or to get their purses out to pay. She screams, "don't touch the cart!". Sometimes she raises her hand to hit them. She also sticks her tongue out and/or hits the cart. When they get home, she is hitting both her grandma and mom as they walk in the door with their groceries.**

Data has shown that hitting has decreased with nonpreferred demands; however, in a novel setting (a store) with tangible items (Mom and Grandma touching/interacting with the shopping cart) and activities (taking groceries into the house), Helena displays hitting, screaming, preparation of hitting persons, and facial expressions. Conducting an ABC observation or having a valid description of the antecedents in the scenario will make it easier to determine the function of the behavior. Helena may feel that her mother and grandmother are paying more attention to the shopping cart than she is. Helena may also want access to the cart and to have sole interactions with the cart (e.g., pushing, placing items inside, among others). There may also be evidence that Helena would prefer access to the items in the cart or transporting those items inside the house. However, by sticking "her tongue out and/or hit[ting] the cart," Helena may see the cart as taking attention away from her by the mother and grandmother. Without having a valid description of the antecedents and consequences of the scenarios, it would be challenging to ascertain the specific function of the behavior.

**2. No one in the family is taking the ABC data in the format you have left for them to use.**

Applied Behavior Analysis ABC data taking can be overly convoluted and/or require unfamiliar demands from an untrained parent or guardian. Providing fillable forms, simplifying the instructions, and rehearsing how to take ABC data would promote more reliable data collection. This component should be a part of the Behavior Skills Training package the therapist conducts with the caregivers. Simply stating what setting events and resulting consequences can be described to the caregiver as "what happened before and what happened after Helena engaged in screaming?" The caregivers should be aware of what environmental conditions were present and/or any communicative exchange Helena had as well. Did Helena ask for a preferred item at the store, and the mother said "no"? If so, what did the mother do after Helena hit the shopping cart? In addition to a description of the occurrence, the frequency and duration should also be noted to potentially corroborate the intensity of antecedent or consequential events that may be maintaining specific behaviors.

**3. Mom says the timer and schedule you put in place are too hard to do.**

If the intervention is shown to be impractical or ineffective, a replacement strategy should be put in place. If the current timer strategy is "too hard," adjusting the criteria may be an appropriate strategy if the therapist believes this intervention to be historically reliable. However, all stakeholders should be a part of the treatment planning process, and if the mother indicates the timer and schedule are too difficult, the therapist should ask if the mother believes an amenable schedule may be more pragmatic rather than developing a new intervention strategy only after one week of use. Minahan and Rappaport (2022) recommend using a prepared wall clock with colored segments for older children or the Time Timer for younger children. There are many options for visual timers, and one may be more effective than another. If the schedule is too long or too complicated, simplification by lessening criteria and duration would be the first step before completely abandoning the strategy.

**4. Mom is praising Helena and gives her stars on a chart for good behavior which Helena really enjoys. She earns "fun time" with Mom when she gets a certain number.**

If the mother believes the star chart intervention strategy is increasing the replacement or acceptable behavior, maximizing these successes is paramount. Without knowing the parameters of how the star chart is being used, it would be difficult to generalize the technique in other areas. However, expanding the star chart to not only reinforce "good behavior" but also for attempts to manage problem behavior can be included to shape the more desired behavior. For instance, had Helena gone to the store again and used a technique of functional communication, mindfulness exercise, or shown self-control, praise and stars should be awarded. Another example would be to break down the types of behaviors displayed at the store, focus on a single problem behavior for the next outing (e.g., sticking your tongue out to the cart), and explain the conditions for reinforcement.

**Discussion**

One inference that may be made for the function of the behaviors exhibited by Helena in the scenario may be correlated based on the reinforcement schedule in place where she accrues points and is reinforced with "fun time" with Mom. If the fun time with her mother is a high-quality reinforcement, this may indicate having the mother's attention in the environment is paramount. Helena may be desiring the mother's attention at the market and may be seeing the shopping cart and groceries as a competitive agent in the environment for her attention. If the mother's attention is this powerful, antecedent strategies would prepare Helena for what is to come (i.e., attending to other activities or objects). Additionally, contrived rehearsal exercises with Helena's full awareness can be trialed at home or in other secure environments before being enacted in the normal environment.

**Anxiety**

In keeping with the topic of this week's module, this scenario may require addressing the issue of anxiety. Many special needs "feel" different from their peers, siblings, parents, and other people in the public sphere. Cognitive impairment, awareness, and executive functioning can be negatively affected within neurodevelopmental conditions, and many of the people with these conditions are aware that they may function in a different way than the people around them. This can cause extreme anxiety and what the layperson may consider as "immaturity." The reason for there to be ample intervening strategies and antecedent strategies is to prepare the individual and/or conditions in the environment and provide choices/options for Helena to manage present and future events.

**Recap: Proceeding with the Family, Data Collection, and Strategies**

- Maintain the point system and reinforcement schedule that proved effective
- Offer to provide more training for data collection and BST
- Modify the clock schedule before abandoning strategy
- Conduct a preference assessment with Helena to investigate more reinforcers
- Offer to conduct an ABC in novel environmental conditions
- Rehearse data collection with caregivers

**Reference**

Minahan, J., & Rappaport, N. (2012). *The behavior code*. Harvard Educational Publishing Group.