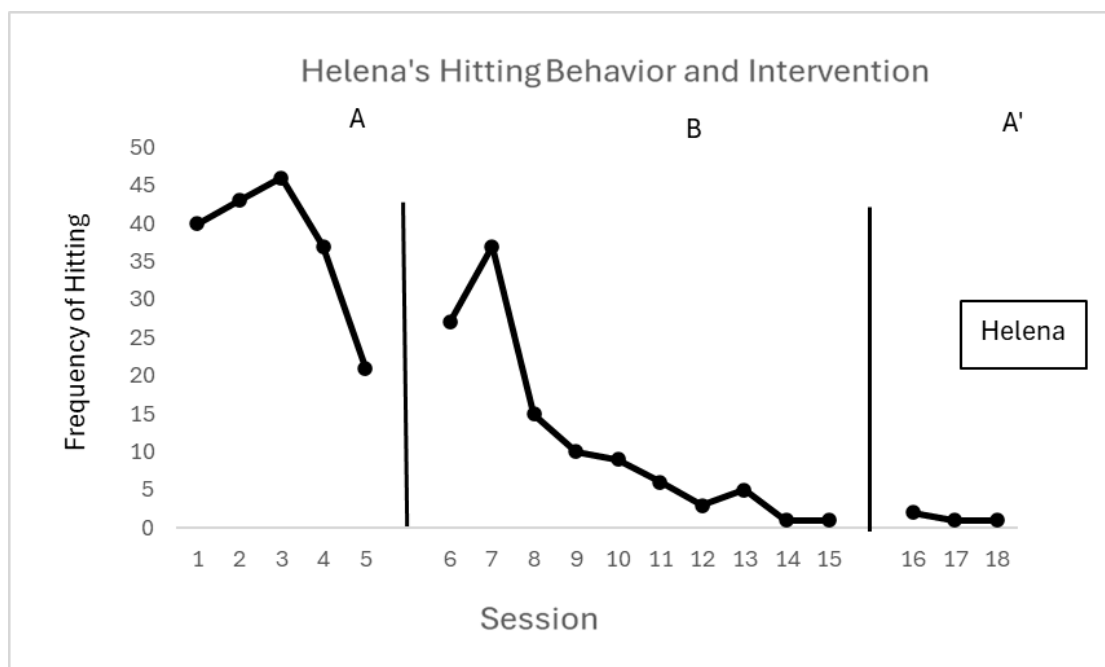


Helena's Hitting

Baseline (A) data indicates a mean score of 37.5 responses across five sessions. During the intervention phase (B) 11.4 responses per session were observed which indicates a 70% reduction in rate of the target behavior. The return to baseline phase (A') an average of 1.3 occurrences of the target behavior were observed indicating an almost 97% reduction in the rate of hitting. However, due to the lack of specified data entry and descriptive measures recorded, it is impossible to ascertain the specific intervention that proved most effective amongst the compounded preventative and consequential strategies. What can be seen from the data is a lowering trend compared to baseline. Due to the nature of the behavior (i.e., hitting), a goal for Helena would be a complete cessation of the hitting response. It does appear the treatment package has been efficacious.

Figure 1

Helena's Rates of Hitting



The interobserver (IRA) data indicates an 80% agreement for the last four sessions where IRA was obtained. Two previous sessions indicated a lower percentage of IRA and would not show agreement in the data observed with fidelity. However, the specifics of how the IRA was conducted and who constituted the observers cannot be determined from the anecdotal evidence or recorded data. This may be due to the high rates of the target response during observed times. As the trend in behavior decreases, the IRA achieves an 80% agreement for 10 or less observed responses. An inference may have resulted from the fewer instances of observable behavior and allowed for more discrete observation and confirmation during these sessions. The recorded 27 (50% IRA) and 37 (35% IRA) may have been due to a lack of defined target behavior or confounded by the higher rate of instances in a given time period (i.e., too many hits in a short period of time). Typically 25% or more data points have a second party observer to corroborate any evidence. Of the 18 sessions recorded 6 were recorded as having a fidelity check. Of those 6, only 4 had 80% agreement. Further observations would be required to substantiate the findings.

Helena's rates of hitting have shown a decreasing trend over the 18 recorded sessions. It is unknown what preventative or consequential strategies were specifically correlated with the decrease due to a lack of description of a completed checklist and the specificity of recorded data points. Was it the iPad, Premack principle, or other? As a recommendation, the caregivers or persons responsible for recording the data should review and rehearse the procedures for identifying specific setting events and/or consequential strategies that may have influenced the behavior being recorded. After such information has been gathered, a schedule of thinning and/or removal of certain strategies may commence. As a caveat, it would be unwise to phase change prematurely. Before returning to baseline I would prefer to see a stable trend of no instances of

hitting before withdrawing completely. If Helena's hitting behavior had been occurring for months or years, three sessions without hitting would not show scientific probability of instances without recurrence or a spontaneous recovery. I would hesitate to augment the intervention plan without seeing a long trend of no/low rates of hitting before tampering with an effective treatment plan or schedule. Additionally, a method for finding what interventions provided a functional control would be to perform a preference assessment based on the old and new reinforcers and observe Helena engaged in the preventative and consequential strategies as the third party observer. However, at this time, caution should guide the treatment plan due to the success of lower rates of hitting and the current treatment package.