Trauma Assumed Applied Behavior Analysis

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Agneda:

-Introduction
-Utility of ABA and a Problematic Past
-Using Consequences and Function Based Treatment Ethically
-Human Rights and Dignity of Risk
-Compassionate ABA in Practice

OVERVIEW

Glenwood is a nonprofit agency incorporated in 1974 and governed by a volunteer Board of Directors. Early in its history the autism prevalence rate was 1 in 10,000. Today 1 in 31 children born will be diagnosed with autism spectrum disorder (ASD) and 1 in 6 children have a mental disorder. Glenwood offers 44 programs and services for children, teens, adults and families affected by ASD and other behavioral health issues, the focus is on helping those served achieve their fullest potential. Glenwood touches the lives of more than 16,000 people annually through direct educational and therapeutic services, referral and resource information, and trainings for teachers, parents and healthcare professionals.





PROGRAMS

With over 50 years of dedication to autism and behavioral health services, we remain committed to adapting our care to each person's needs. Our wide range of programs helps individuals and their families move forward with resources that strengthen skills, promote independence and build lasting support.

RESIDENTIAL	#SERVED
*ADULTS	90
*CHILDREN	37
*DUALLY DIAGNOSED	27
*DANIEL HOUSE SED	14



COMMUNITY	#SERVED
*COMMUNITY REFERRALS	9,239
*EXTERNAL TRAININGS	6,000
*ADULT DAY PROGRAM	59
*COMMUNITY EXPERIENCE	39



ASSESSMENT AND THERAPY	#SERVED
*BEHAVIORAL THERAPY CENTER	880
*ABA SERVICES	183
*MALLIE M. IRELAND CHILDREN'S CENTER	90



EDUCATION	#SERVED
*ALLAN COTT SCHOOL FOR AUTISM	59
*LAKEVIEW SCHOOL	14
*KINDERGARTEN	14



In 2025, more than 16,745* individuals benefited from Glenwood's direct services, professional training, and referral efforts!

WHERE WE SERVE

Two Locations

- Residential (Sicard Hollow & Outside Community)
- Adult Day Programs (Sicard Hollow & Avondale)
- Allan Cott and Kindergarten (Sicard Hollow)
- Chapel and Recreation Activities (Sicard Hollow)
- Mallie M. Ireland Children's Center (Avondale)
- Behavioral Health Center (Avondale)
- Arts Center (Avondale)

Community

- Community Experience Progra19 Homes across central Alabama

Statewide

- Educator and community trainings for 191 schools in 60 counties











INTERDISCIPLINARY TEAMS AT GLENWOOD

- DIRECT SUPPORT PROFESSIONAL (DSP)
- LICENSED PROFESSIONAL COUNSELORS (LPC)
- BOARD CERTIFIED BEHAVIOR ANALYST (BCBA)
- PSYCHIATRY
- OCCUPATIONAL THERAPIST (OT)
- SPEECH LANGUAGE PATHOLOGIST (SLP)
- REGISTERED NURSE (RN)





MSU

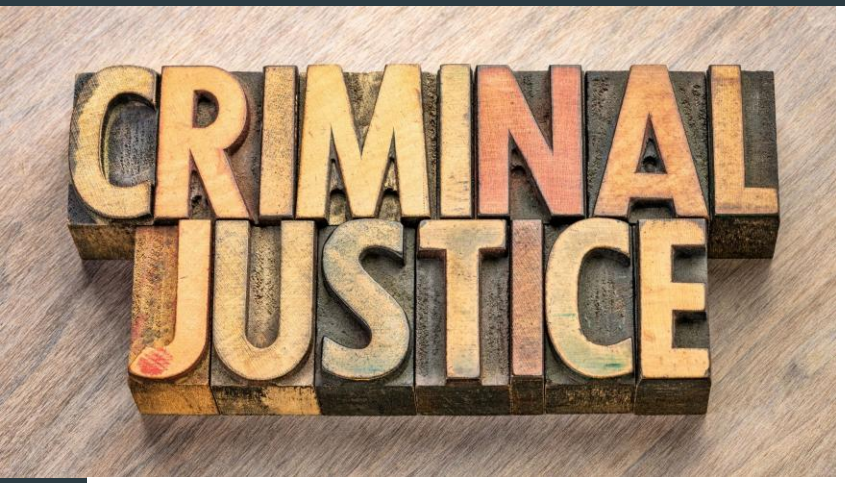
ASU

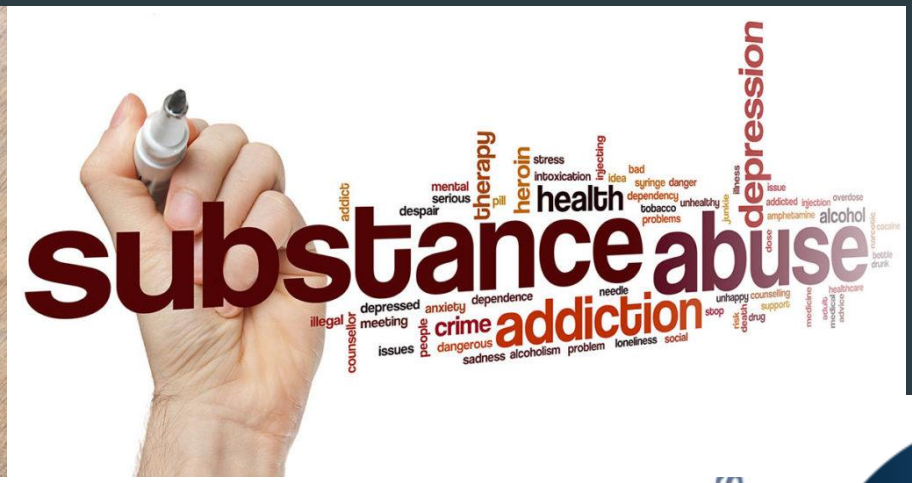
BACB BEHAVIOR ANALYST CERTIFICATION BOARD

BCBA®

BOARD CERTIFIED BEHAVIOR ANALYST® HANDBOOK

Utility of ABA







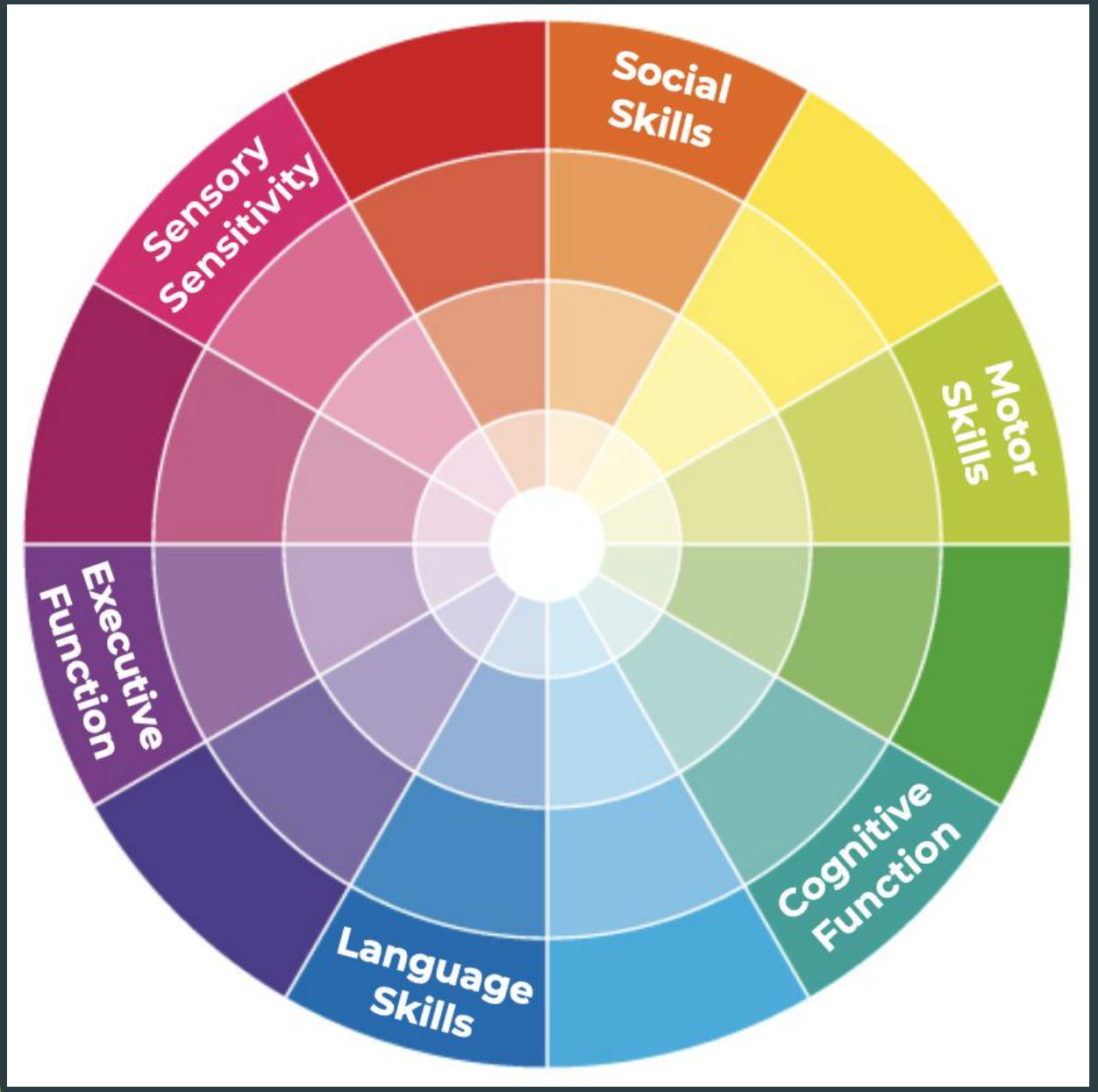
Autism Therapy
SERVICES





Animal
Behavior
Specialists

THE AUTISM SPECTRUM



Source: Vanderbilt University – Frist Center for Autism & Innovation



Why is ABA necessary as a treatment for autism?





Hi

Your cute. Vid?

Hey – I sent you the pic on a different app like you asked, did you get it?

You will pay me $500. In return I won't share your photo

Answer me

Pay me now 😡😡😡

Huh?

Please delete the pic?

Once you pay I will delete the photo

I don't have any money

How much can you pay?
😡😡😡

Can you afford $50

Brief History of ABA

1913 John Watson Behaviorism
1938 B.F. Skinner The Behavior of Organisms
1957 Society for the Experimental Analysis of Behavior
1968 Journal of Applied Behavior Analysis
1970's Lovaas applied ABA Principles to Autism
1998 Behavior Analyst Certification Board & Ethical Guidelines established

(Cooper et al. 2007)

Early ABA Treatment for Autism

-In the 1930's Skinner used behavior analysis to modify behavior in pigeons and rats to document the efficacy of punishment and reinforcement

-In the 1960's and '70's Ivar Lovaas generalized these concepts to treat children with autism and intellectual disability who engaged in dangerous behavior

-Lovaas developed the groundwork for effective treatments like discrete-trial training, a widely used evidence-based teaching method for early learners with autism.



(Cooper et al. 2007)

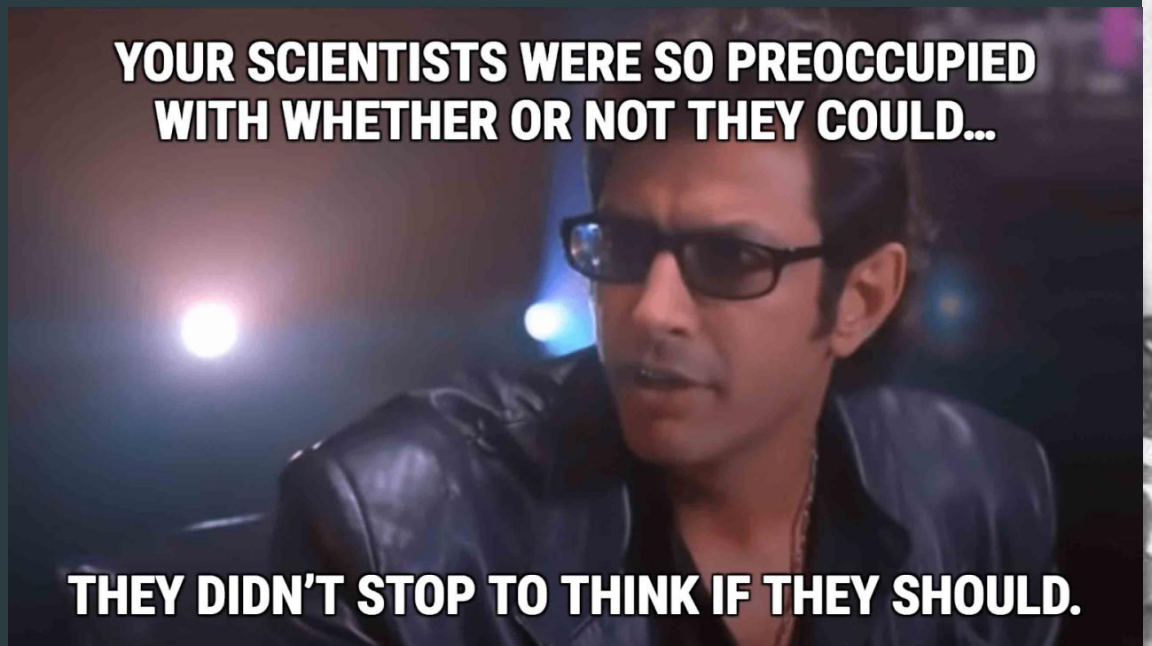
Trauma from ABA: The Lovaas Problem

-In the 1960's Lovaas used aversive stimuli like spanking, slapping, and electro-shock therapy to punish self-injury in intellectually disabled learners.

-Lovaas also used punishment to decrease gender non-conforming behaviors

-Electro-shock therapy was still used as late as 2022 in Massachusetts (Judge Rotenberg Center).

(Expression of Concern 2020; Screams, Slaps & Love 1965)





Other forms of Aversive Stimuli We No Longer Condone the use of:





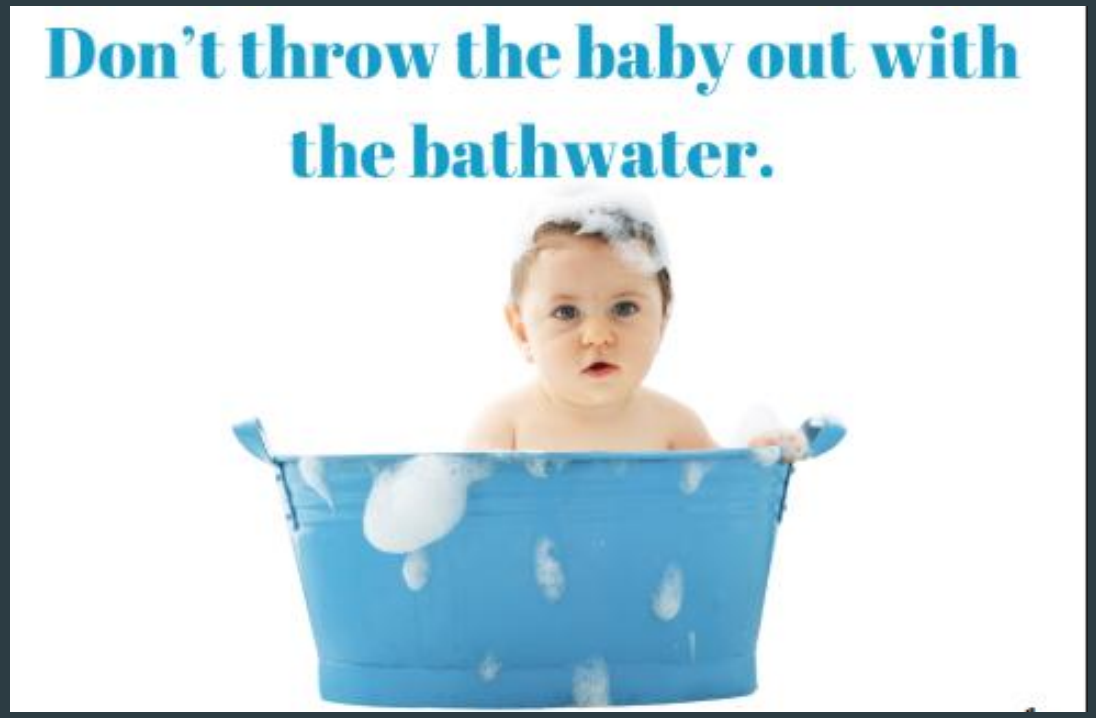




Other Sources of Trauma > Unintentional Re-traumatization

-Abuse from family members or caregivers
-Abuse from treatment center staff
-Neglect
-Witnessing domestic violence
-Functional Assessment tools to learn about trauma





Important Concepts of ABA

-Punishment & Reinforcement

-Functions of Behavior

Punishment & Reinforcement

Reinforcement

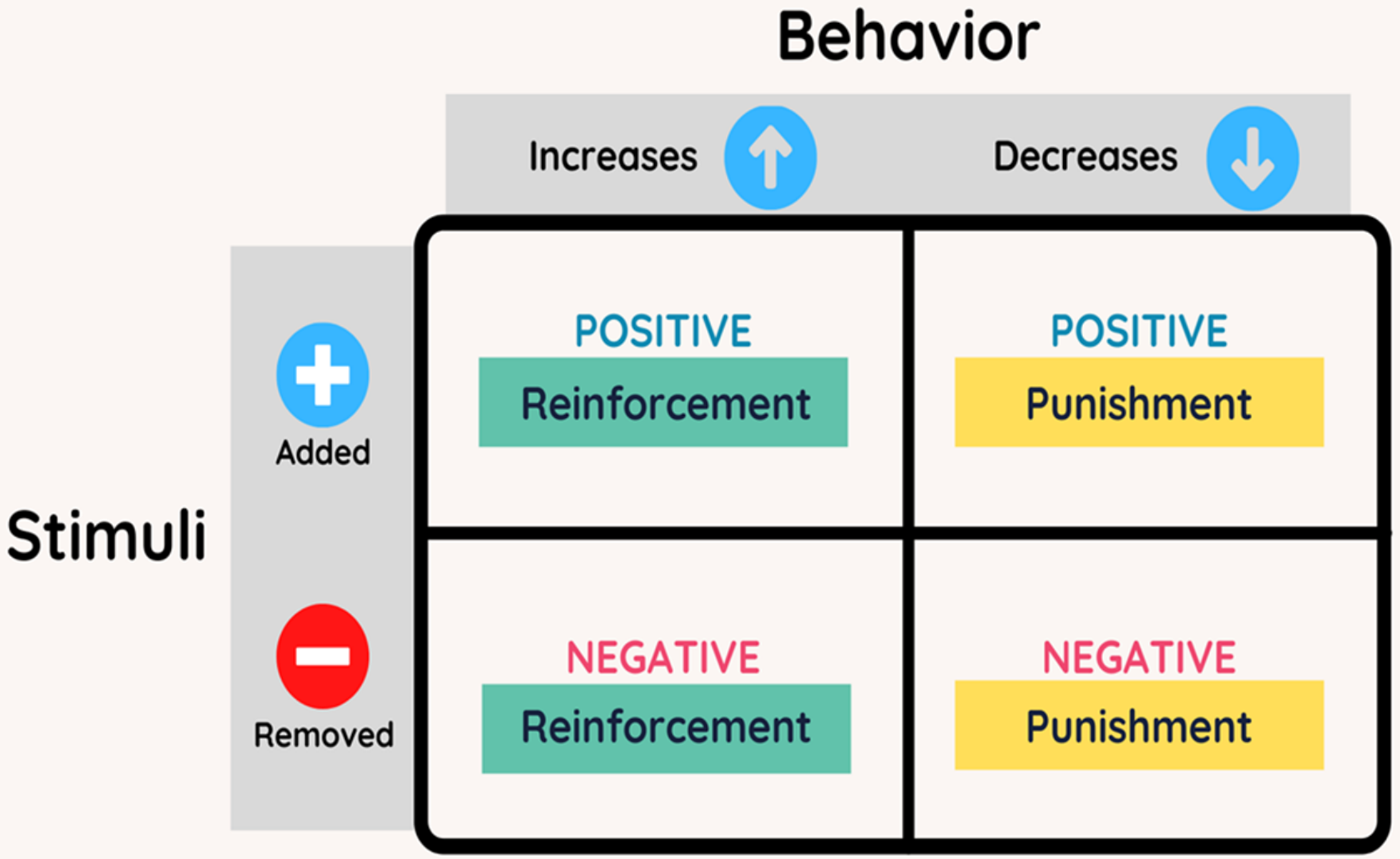
- Comes after a behavior
- Something can be added or taken away
- Increases the likelihood that the behavior will occur again
- We can increase desired and undesired behaviors



Punishment

- Comes after a behavior
- Something can be added or taken away
- Does not always look like what we think of typical punishment
- Decreases the likelihood that the behavior will occur again

Punishment & Reinforcement cont.



Functions of Behavior



What are human rights?

“Human rights are inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination”
-The United Nations



Why are human rights important?

Eugenics in Alabama



Forced Sterilization 1919-1935 Partlow

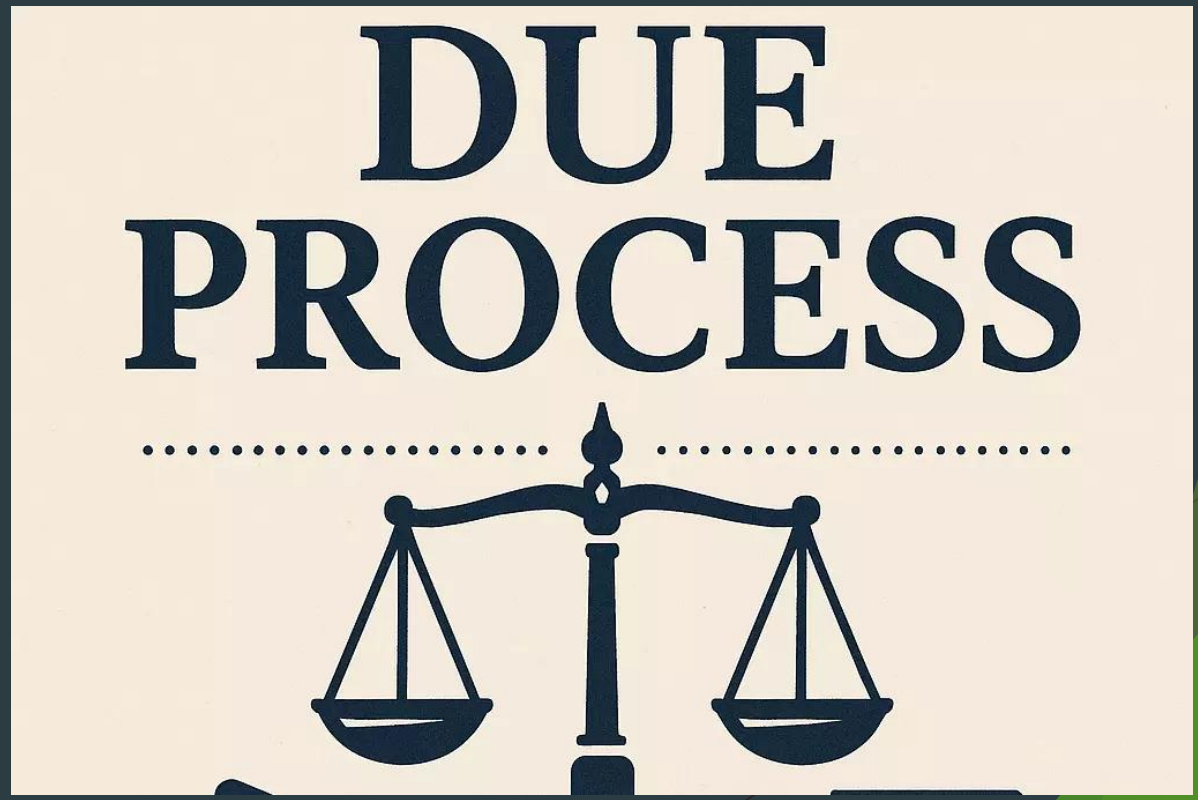
-sexual perversions
-sadism
-homosexuality
-masochism
-sodomy
-two rape convictions
-anyone imprisoned three times for any offense.

(Kaelber 2012)

What changed?

-In 1935 the Alabama legislature deemed that forced sterilization violated a person's *due process rights* as the results of the procedure were irreversible.

-Due process is the same procedure we use today to ensure fairness of restrictive procedures



We would never force sterilize or shock someone

…but we might…

-restrict their phone calls
-lock their food in a cabinet or refrigerator
-make them uncomfortable in their own home
-make arbitrary rules that create power struggles (examples)



Baker & Tabor Tolerance Scale

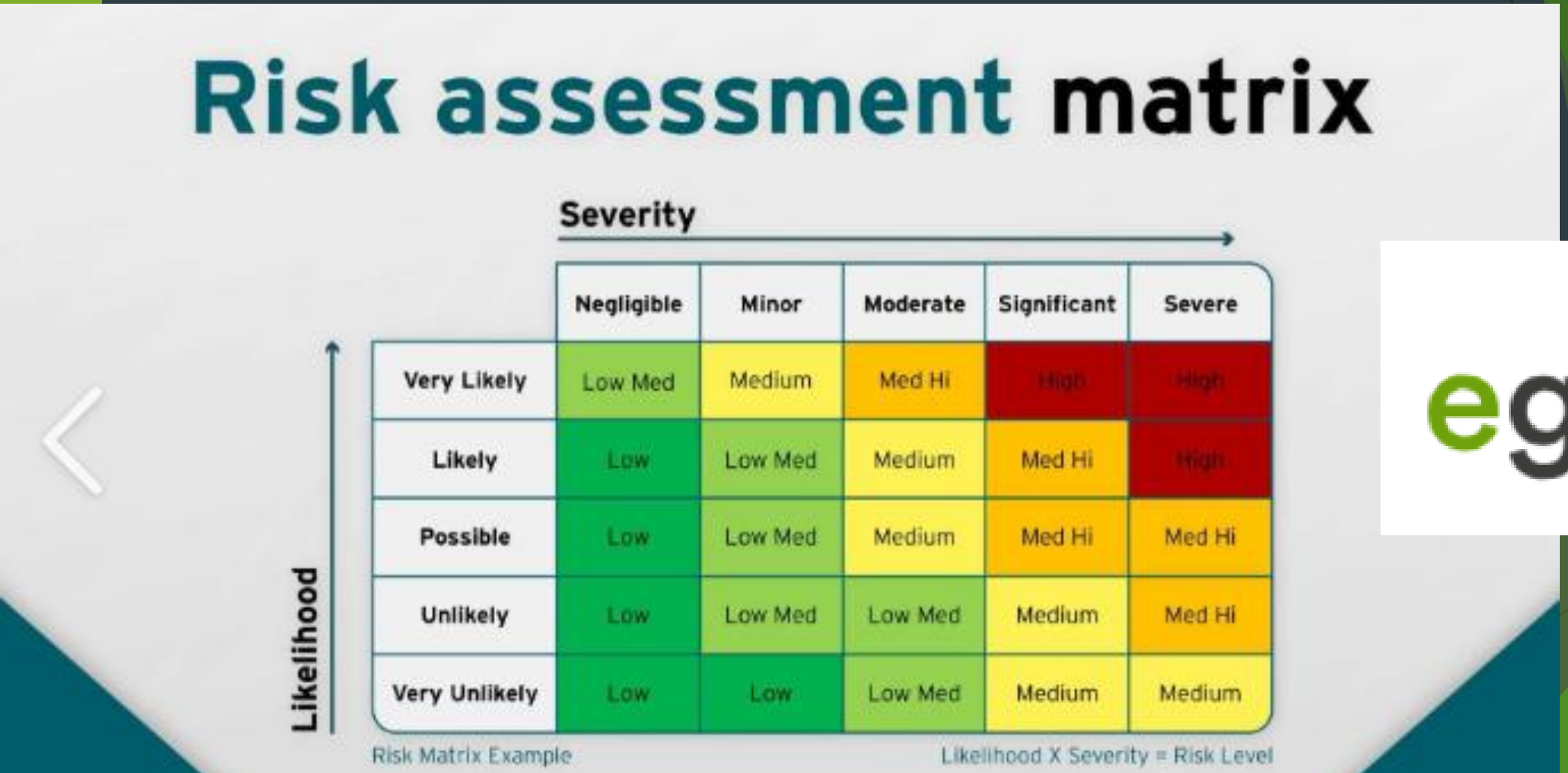
Put an X next to each item that COULD occur at your organization:

__ 1. Staff member doing his personal laundry at the group home
___2. Staff member embarrassing a person supported in front of her peers
___3. Staff member conducting personal errands while on the job
___4. Staff member yelling at a person supported
___5. Staff member not running assigned programs
___6. Staff member making a medication error – wrong dose
___7. Staff member pulling on the elbow of a person supported
___8. Staff member using an ATM card belonging to a person supported
___9. Staff member moving the clock hands to make it seem later than it is
___10. Staff member entertaining friends while on the job
___11. Staff member brining her children to work
___12. Staff member withholding dinner from a person supported who has been “bad”
___13. Staff members arguing in front of persons supported
___14. Staff member not colleting program data
___15. Staff member using profanity towards a person supported
___16. Staff member falling asleep at work
___17. Staff member asking a person supported to wash his car
___18. Staff member enjoying a beer while on duty
___19. Staff member hitting a person supported after being hit by that person first
___20. Staff member pureeing all meals for a person supported without a special diet order

____ Total

(Baker & Tabor 2016)

Risk Assessments Justify Restrictions



egrist

Formal Rights Restrictions

-Level 2 and above must be included in the Behavior Support Plan

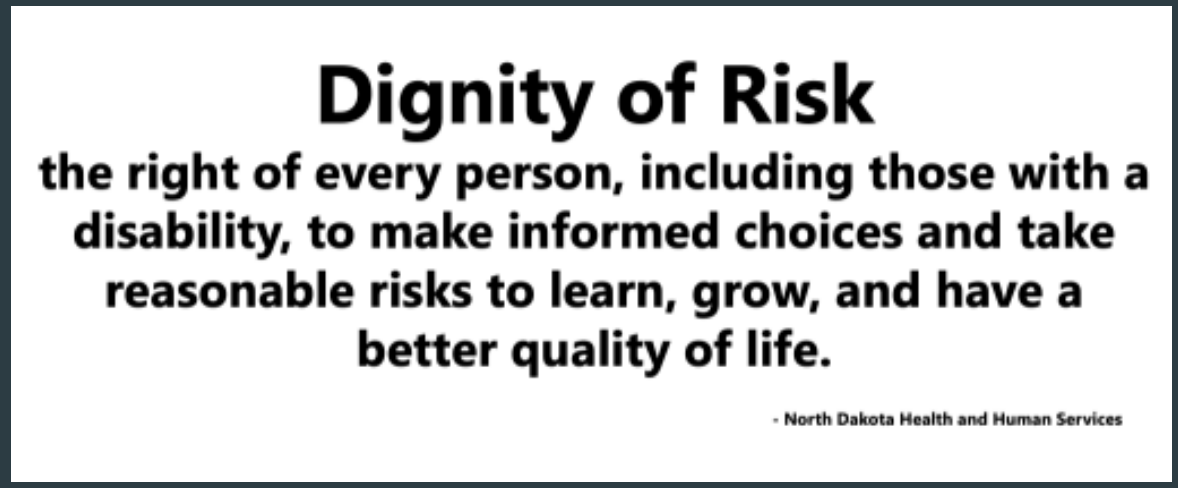
(Alabama Department of Mental Health)

Level 1		Level 2	Level 3	Level 4
Does not require BIP		*Requires BIP*		
• Anger Management Training	• Functional Communication Training	• Contingent Observation	• Mechanically Limiting Access to Self	• Mechanical Restraint
• Apology	• Hand-over-hand	• Escape Extinction	• Modified Clothing	• Sensory Screening
• Backward Chaining	• Incidental Teaching	• Extraordinary Blocking	• 1:1 Staff Supervision	
• Behavior Contracting	• Intermittent Reinforcement	• Negative Reinforcement	• Overcorrection	
• Behavior Momentum	• Planned Ignoring	• Positive Practice	• Psychotropic Medication (including PRN)	
• Blocking	• Positive Reinforcement	• Removal	• Manual Restraint	
• Chaining	• Problem Solving	• Reparation of Property or Restitution	• Restriction of Personal Property	
• Cognitive Rehearsal	• Prompting	• Response Cost	• Restriction of Visitors and/or Telephone Calls	
• Comfort Statements	• Redirection	• Restriction of Environmental Access	• Timeout- Isolation or Closed Door	
• Compliance Training	• Response Blocking	• Restriction of Mobility		
• Contingent Reinforcement	• Response Interruption	• Satiation		
• Continuous Reinforcement	• Restoring the Environment	• Search		
• Desensitization Training	• Role Playing	• Suspension		
• Differential Reinforcement	• Self-Monitoring	• Time-Out		
• Discrete Trial Training	• Stimulus Control Training	• Transporting		
• Environmental Adaptation	• Talk Times			
• Escorting	• Task Analysis			
• Extinction	• Token Reinforcement			
• Fading	• Verbal prompt to Stop			
• Forward Chaining				

Due Process Today

DUE PROCESS ASSESSMENT				
Why is this person unable to accomplish this task independently? (If this is for psychotropic medications, include what meds, why meds are prescribed, and any possible side effects.)				
What alternatives to total support have been tried? What were the results?				
Is there data to support the need for this level of support? If yes, explain.				
What is the individual's perspective? What are the perspectives of family and friends?				
Is the individual able to manage any aspect of this task? If so, what is the individual able to do?				
Based on this assessment, is the restriction necessary?		Yes		No
PLAN FOR REMOVAL OF THE RESTRICTION				
What teaching strategies will be used to remove the limitations?				
What type of data will be taken and how will data be collected? What are the criteria for success?				
Who will take data and implement the teaching strategies and how will they be trained?				
What reduction strategy will be utilized?				
Who is responsible for the monitoring of the restriction?	Agency Nurse/QDDP /BCBA			
How often will this restriction be evaluated (no less than quarterly)? List specific timeframes for the removal of the restriction.				
PERSON'S OBJECTIONS &/OR CHOICES				
Was the person or his/her legally authorized representative given an opportunity to present objections to the proposed restrictions being contemplated? If so, provide details.				
If this Due Process is for financial management, include the person's choice of representative payee or if he/she want to manage it without a rep payee. N/A				

Dignity of Risk: Balancing Safety and Human Rights



- In 2014, the Centers for Medicare and Medicaid Services (CMS passed the Home & Community Based Settings Rule which ensures individuals have access to services in least restrictive community settings



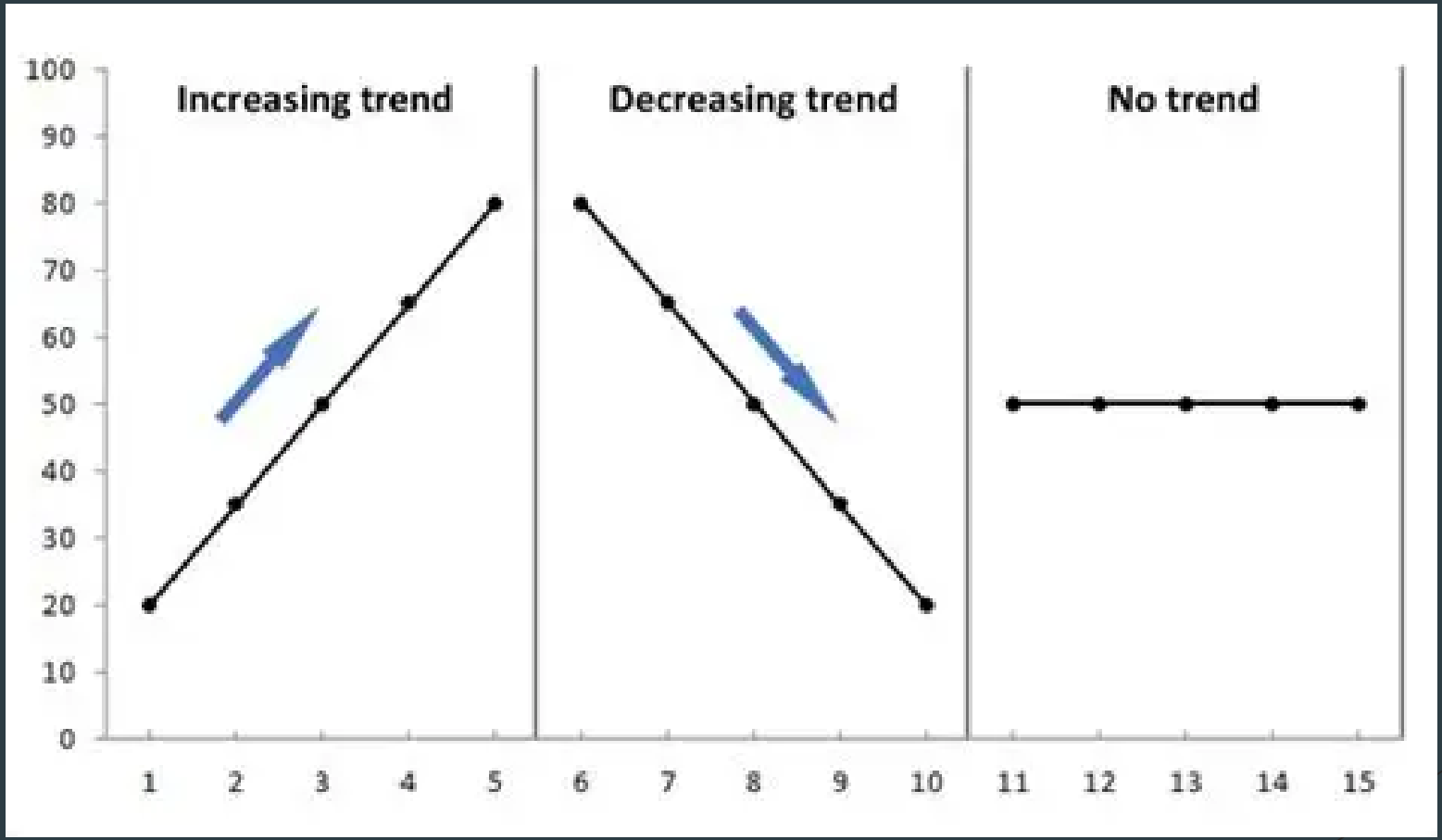
Appropriate Replacement Behaviors must be Targeted to Eliminate Problem Behavior



Precursor behaviors are “Windows of Opportunity”



Fading Restrictive Procedures Requires Data Based Decision Making



A move away from physical restraint: Glenwood was able to reduce restraint by 40% from FY22 to FY23 through trauma informed curriculum



Reducing Chemical Restraint



Trauma-Assumed ABA in Practice

A move away from Escape Extinction or Hand-over Hand prompting someone who dose not want help



Assent Based Learning

Moving away from escape extinction



IF THE LEARNER REFUSES TO WORK AND CAN COMMUNICATE WITH YOU, FIND OUT WHAT THEY LIKE AND DO NOT LIKE ABOUT THEIR WORK TASKS !



DO THEY WORK BETTER ON IPADS/ COMPUTERS /SMARTBOARDS THAN WITH PAPER & PENCIL?



USE OF HAND OVER HAND PROMPTING WITH A RESISTIVE STUDENT CAN BECOME DANGEROUS & COUNTERPRODUCTIVE.

Relationship Building & Stimulus Control Transfer: The Reinforcer Changes







Assent Based Learning (Morris et al. 2024)

-Student is engaged in escape-maintained dangerous behavior

-Determine what the student does not like about the task

-Modify the task to make it less aversive (e-learning versus desk work, preferred stimuli)

-Promotes Autonomy and independence

Journal of Applied Behavior Analysis



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Pages 304-318

Discussion

Toward a further understanding of assent

Cody Morris, Jacob P. Oliveira, Jesse Perrin, Caitlyn A. Federico, Paula J. Martasian

First published: 15 February 2024 | https://doi.org/10.1002/jaba.1063 | Citations: 9

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WILEY
Demystifying the publication process and tips for early

Compassionate ABA: The Enhanced Choice Model



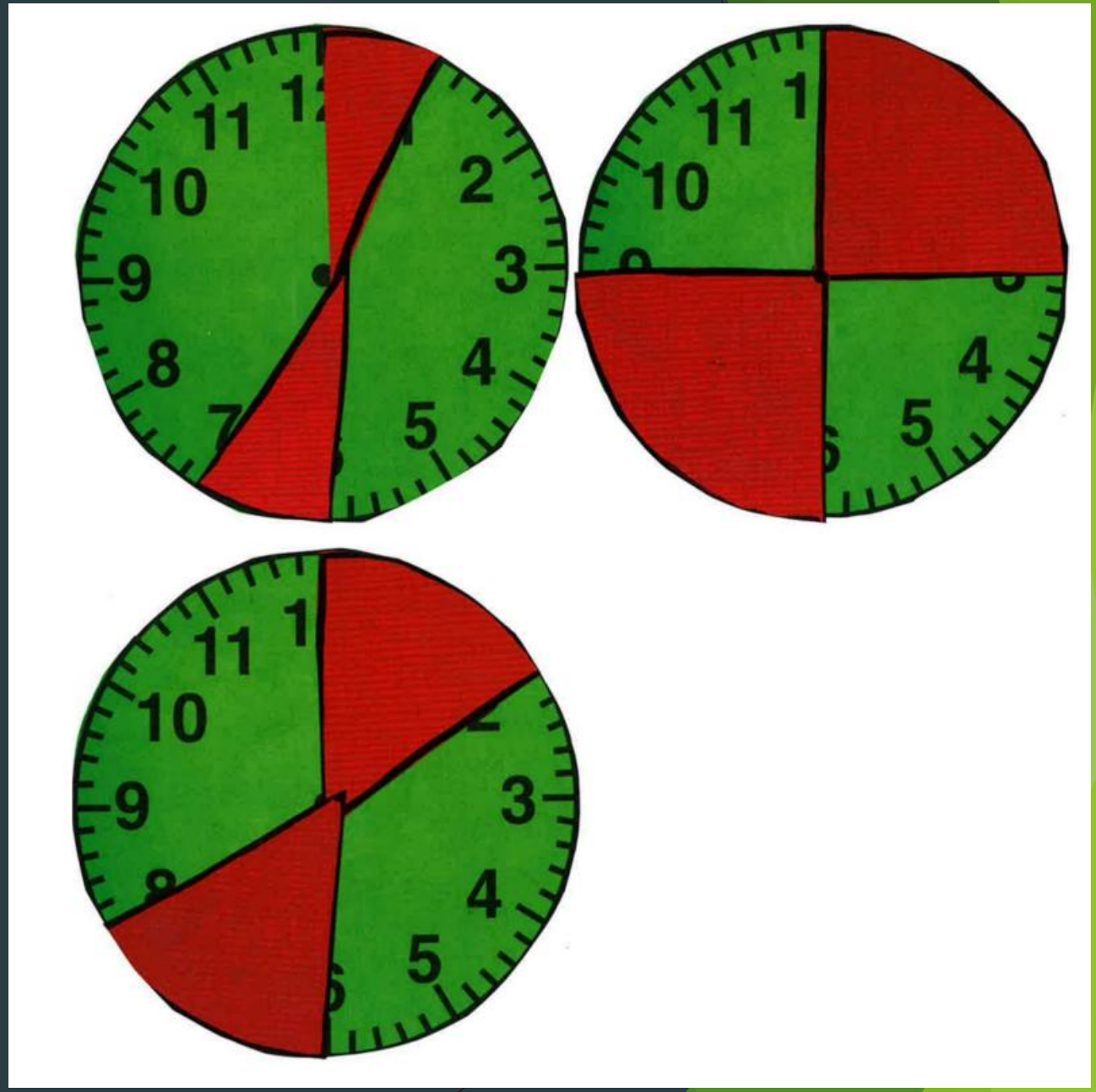
(Rajaraman & Hanley 2021)

Treatment of Escape Maintained Behavior: Earned Versus Requested Breaks





Shaping & Multiple Schedules



Trauma-assumed ABA focuses on a move away from arbitrary compliance to teaching meaningful skills



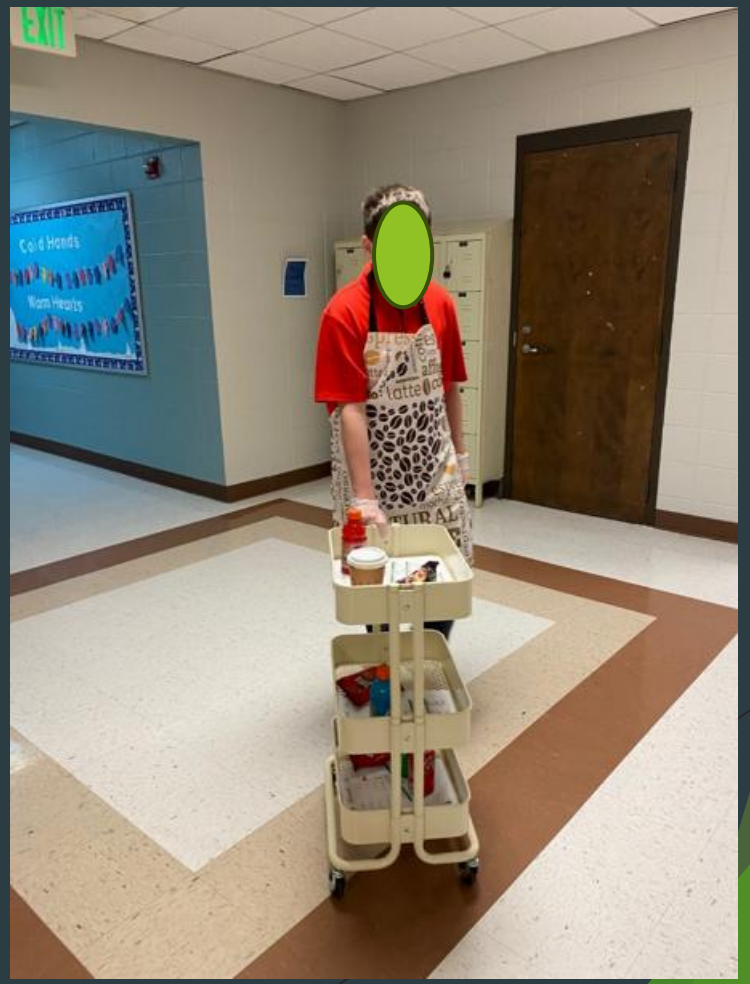
Avoid Power Struggles by Teaching Meaningful Tasks



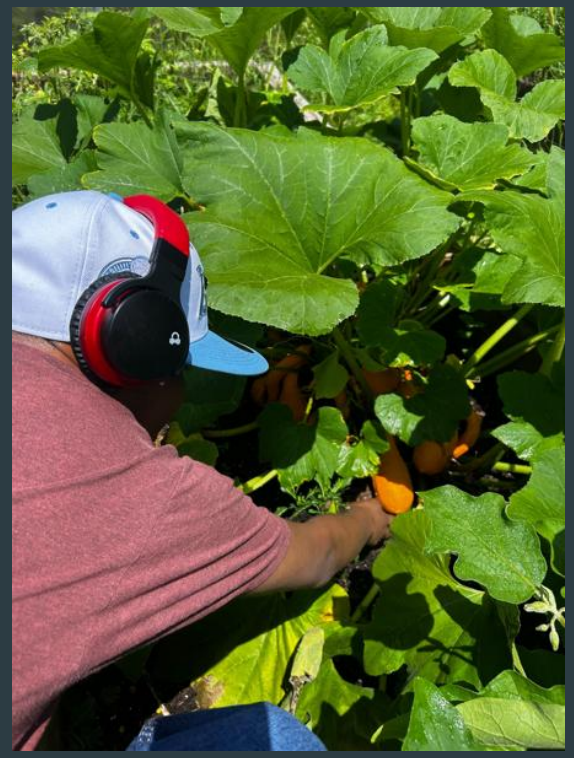


Teaching Prevocational Skills: The Glenwood Cafe



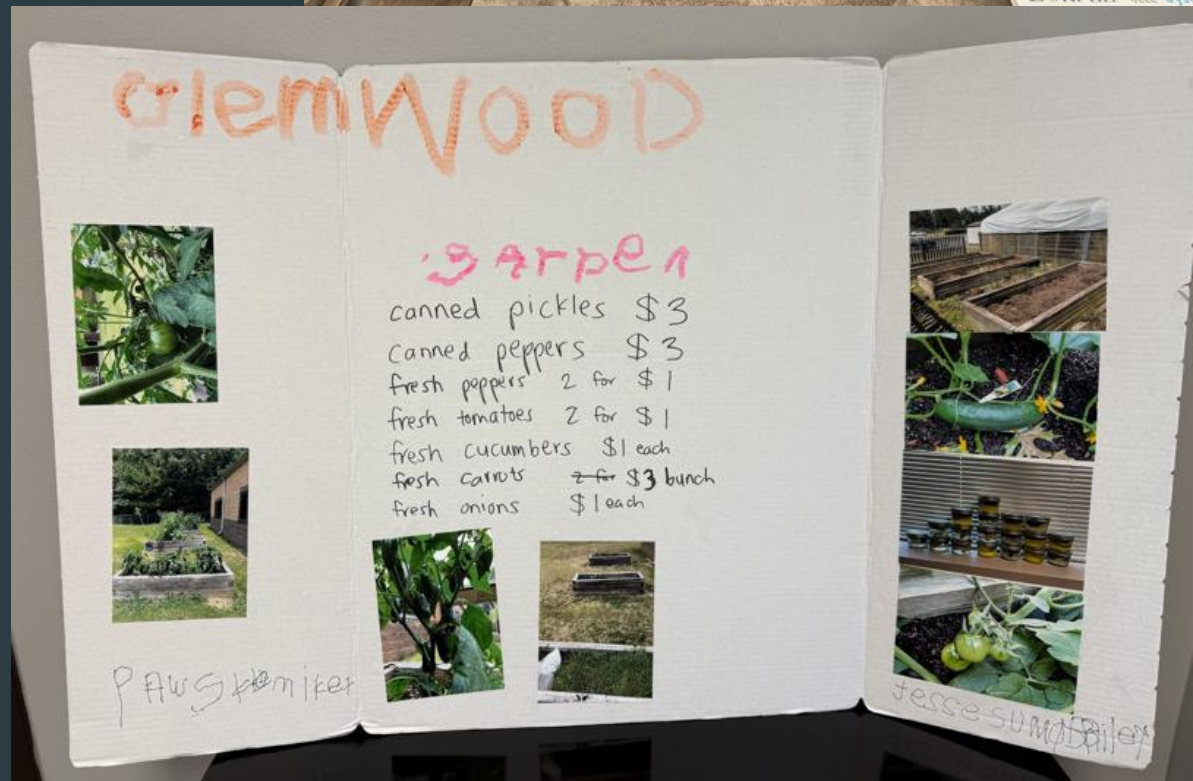


Teaching Vocational and Life Skills: Glenwood Community Garden





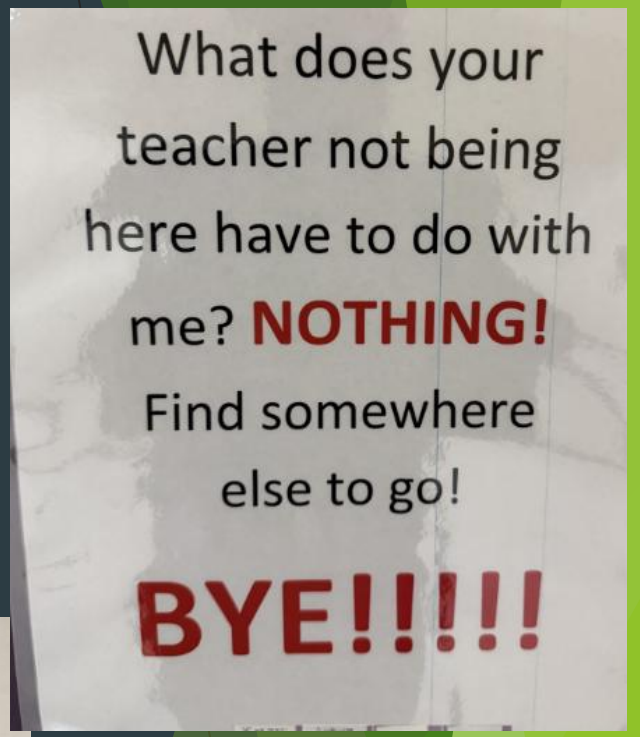




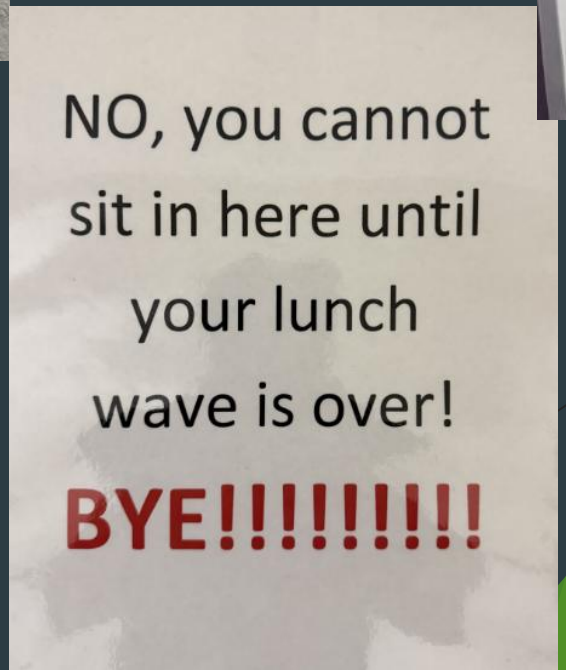
Only have a few, important rules. Communicate them compassionately











ALABAMA AUTISM SUPPORT COALITION

Alabama's autism families need your voice.

Rates for autism therapy haven't increased in 5+ years. Alabama ranks last in the South.

1 in 31
Alabama kids has autism

49th
in nation for RBT reimbursement

$28K
lost per therapist per year

$0
rate increase in 5+ years

TAKES JUST 2 MINUTES

CONTACT YOUR LEGISLATOR

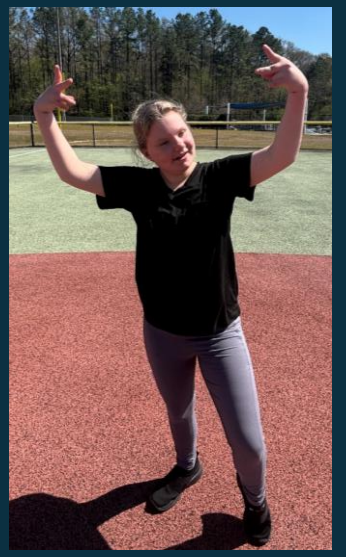
alabamaautismcoalition.com

WE ENABLE INDIVIDUALS WITH AUTISM AND BEHAVIORAL HEALTH NEEDS TO LIVE LIFE TO THEIR FULLEST POTENTIAL.

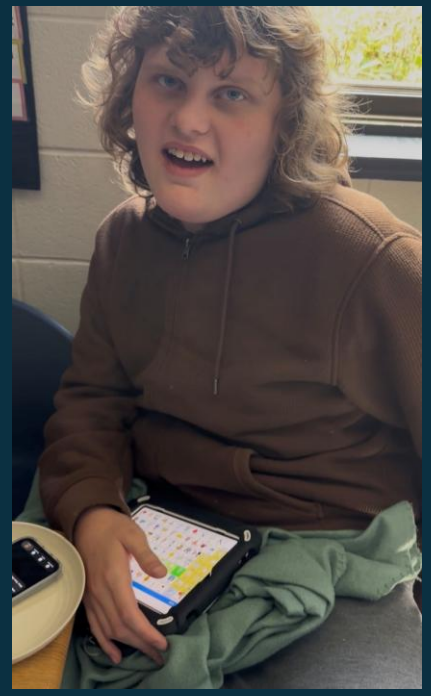


























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-Screams, Slaps & Love A surprising, shocking treatment helps far-gone mental cripples **Photographed by Alan Grant** Life Magazine, 1965