

# Why Are We Waiting for Behavior to Get “Bad Enough”?

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# Workshop Outline

- ▶ Reserved for persons with disabilities?
- ▶ What does the literature say?
- ▶ Barriers to successful consultation and possible solutions
- ▶ Ethical considerations to serving typically-developing children

# Learning Objectives

- ▶ Participants will list at least 2 barriers to, and solutions for, providing effective behavioral consultation services to parents of typically developing children
- ▶ Participants will list at least 3 potential ethical challenges unique to serving parents and early childhood professionals of typically-developing children.

# We have a technology that works!

“Applied behavior analysis offers society an approach toward solving problems that is accountable, public, doable, empowering, and optimistic” (Cooper, Heron, Heward, 2007)

“Everywhere we’ve tried, it works!”

~Aubrey Daniels,  
MOABA 2016

## Normand and Kohn (2013)

*“The field of behavior analysis would be best served if behavior analysts worked to extend the reach of behavioral services into a more diverse range of settings and with more varied populations.”*

## Friman (2010) - contributions to “one tail of the distribution”

*“Even though these accomplishments [with children with Autism] are impressive, sometimes to the point of seeming miraculous, they have been achieved with a population whose problems are far removed from the concerns of people in the mainstream of everyday life. To attain mainstream relevance, behavior analysis will have to continue to not only produce results helpful for people in the one tail of the distribution, it will have to produce, more frequently and vigorously, problems that are under the dome of the distribution.” (p. 19)*

# Entrepreneurs?

*“Behavior analysts will need to be very entrepreneurial if they are to establish careers in other areas, although for many, the costs of being entrepreneurial might well outweigh the benefits.”* ~Normand and Kohn (2013)

Proposed solution: Acquire skills & credentials of other disciplines (certificate or non-degree options)



Friman (2010)

*“A much more practical and efficient way to enter the mainstream is to integrate with a field that is already there.”*



# Possible Professions to Infiltrate

- ▶ Health and fitness – Certified Personal Trainer
- ▶ Health care – Occupational Therapy Assistant
- ▶ Education – Special Education Teacher
- ▶ Animal behavior consultation and training
- ▶ Management and business – Human resources
- ▶ Child care – Center director

~Normand and Kohn (2013)

# Child Care Center Director?

- ▶ Response effort to learn the state licensing regulations
- ▶ Administrative vs. clinical role
- ▶ May be too far removed to make an impact on teacher or child behavior
- ▶ The salary may not justify the career move
- ▶ Many of these individuals are trained/promoted from within so without experience, it may be difficult to get a job
- ▶ Need early childhood education credits

# A Possible Alternative...

- ▶ Consultation to early childhood professionals in child care centers and families in homes
- ▶ Minimal response effort/costs
- ▶ Minimal training in behavior guidance provided
- ▶ Access to parents that also lack the knowledge and understanding of behavioral strategies
- ▶ Target population is parents and teachers of typically developing children 2-7 years old

# Services for Child Care Centers

- ▶ Teacher workshops to provide the foundational concepts and required continuing education credits
- ▶ Classroom consultation to support the translation of concepts into practice
- ▶ Parent workshops to promote consistency between home and school
- ▶ Small group social skills training for 2-5 year olds



# Social Skills as Competitors of Unwanted Behaviors

- ▶ Requests toys from peers
- ▶ Makes a choice
- ▶ Honors peer's requests
- ▶ Remains engaged for age appropriate duration of time ("muncher")
- ▶ Tolerates delays to requests being honored
- ▶ Tolerates denials of requests being honored
- ▶ Transitions from preferred to non-preferred activities
- ▶ Waits for attention

# In-Home Behavioral Consultation

- ▶ 2-29% of children without other developmental or health problems are estimated to experience feeding problems (Kedesdy & Budd, 1998)
- ▶ “Problems with toilet training are among the most common behavioral concerns for parents of young children” (Blum, Taubman, & Osborne, 1997)
- ▶ Sleep disruptions occur in 20-30% of infants, toddlers, preschoolers and can persist beyond to chronic concerns (Mindell et al., 2006; Mindell et al., 2011)

# Barriers to In-Home Consultation

- ▶ Why would I hire a behavior analyst if my child doesn't have a behavior disorder?
- ▶ Private pay
- ▶ Commute/driving time
- ▶ Schedules/availability
- ▶ Pediatricians recommend psychotherapy or speech therapy
- ▶ Parent behavior under control of negative reinforcement
- ▶ “Hang in there. It's just a normal part of development.”

# Solutions to Private Pay as a Barrier to In-Home Consultation

- ▶ Why would I hire a behavior analyst if my child doesn't have a behavior disorder?
  - ▶ Do you want to wait for it to get “bad enough” before you intervene?
  - ▶ Marketing as parent education
- ▶ Children do not have a diagnosable condition for which insurance will pay
- ▶ Parent pain points
  - ▶ Are you enjoying your children?
  - ▶ Are your parenting tools effective?
  - ▶ Is your child successful?
- ▶ Establish value of having an expert before it is “bad enough”
- ▶ Start with parent educational events
- ▶ Are you enjoying your child?
- ▶ Parents want to avoid a diagnosis



# #MondayMessage



# Solutions to Logistical Barriers to In-Home Consultation

- ▶ Commute/driving time
  - ▶ Consultant caseload and strategies partnerships are built around Consultant geographic location
  - ▶ Convert to tele-behavioral consultation to save commute times
- ▶ Schedules/availability
  - ▶ First available
  - ▶ Consultants agree to work 12-8 pm Monday through Thursday, 830 am-430 pm on Fridays
  - ▶ Parents can commit to something for 8 weeks

# Solutions to Pediatricians as Barriers to In-Home Consultation

- ▶ Provide education to pediatricians and family practice doctors
  - ▶ What to look for
  - ▶ How to determine if a pattern of learned behavior has formed
- ▶ Toilet training as a point of entry
- ▶ Wow them with data!
- ▶ Reach out to pediatricians of former clients

# Solutions to Barrier of Parent Avoidance

- ▶ Parent behavior under control of negative reinforcement
  - ▶ Tele-behavioral consultation puts their “feet to the fire”
  - ▶ They avoid because they don’t have the tools to tackle; no need to avoid with effective tools
- ▶ Societal thought shift
  - ▶ “Hang in there. It’s just a normal part of development.”
  - ▶ Terrible-two’s
  - ▶ Three-nager

# Behavioral Consultation to Parents

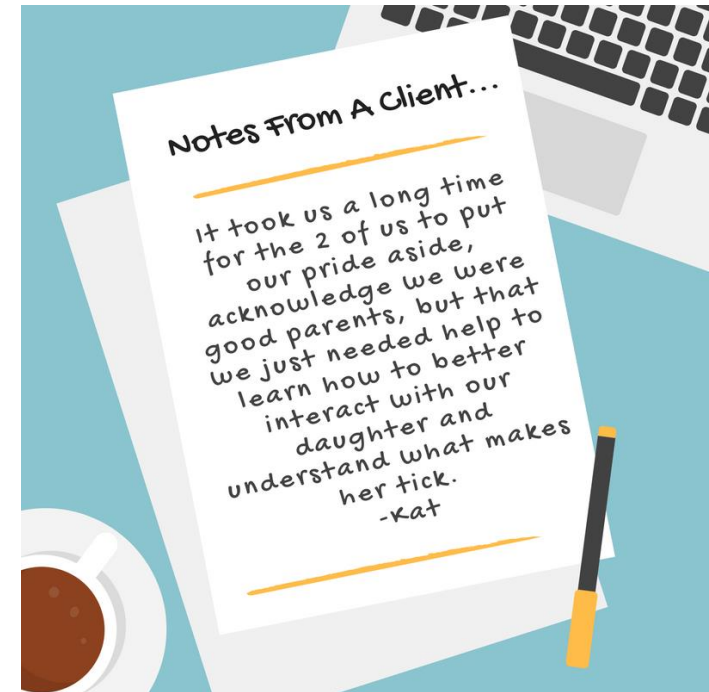
- ▶ Initial complimentary phone consultation
- ▶ 8-week commitment
- ▶ Parent and child goals established
- ▶ “Pretend You Are A Light Switch!®” parent workshop  
OnDemand viewed prior to first in-home visit
- ▶ Modeling to capitalize on lack of history
  - ▶ Tele-behavioral consultation after in-home, then phone consultation
  - ▶ Coaching to transfer stimulus control to parent
- ▶ Written consultation summary

# Ethical Consideration 1: Educated Consumers

- ▶ Using data to drive decision-making
  - ▶ Parent completion rates are highest with eating, sleeping, toilet training
  - ▶ Electronic data sheets (Google sheets)
  - ▶ Direct observation during consultation visits
  - ▶ Probes of parent use of trained strategies
  - ▶ Parent report of improvements
- ▶ Site literature in parent and teacher educational events
- ▶ Call out non-evidence-based alternatives

# Ethical Consideration 2: Testimonials

- ▶ Parents rely on them!
- ▶ Routinely solicit feedback from *former* clients
- ▶ BACB Guidelines for Responsible Conduct for Behavior Analysts, “behavior analysts do not solicit testimonials from current clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.”
- ▶ Parent evaluation form (adapted from LeBlanc, et al., 2005)



# Ethical Consideration 3: Confidentiality

- ▶ Client contracts
- ▶ Social media
- ▶ Collaborating with child care centers or preschools that are not bound by confidentiality
  - ▶ Case study: Referral made to a school, director upset she didn't have a "head's up"
- ▶ Authorization to Observe and Make Recommendations
- ▶ Webinars



# Toilet Training

- ▶ “Problems with toilet training are among the most common behavioral concerns for parents of young children” (Blum, Taubman, & Osborne, 1997)
- ▶ All parents will need to toilet train their children
- ▶ Free Get Started Kit on our website
- ▶ “The Ins and Outs of Toilet Training” parent workshop OnDemand®



# IB Toilet Training

- ▶ 4.5 year old typically developing child
- ▶ Parent reports having tried *everything* without success
- ▶ Baseline data was parent report only as child was still in Pull-ups
  - ▶ No initiations to toilet
  - ▶ Never told parent when Pull-up was wet
  - ▶ Parent checked every 2-3 hours and changed her nearly 100% of the time



# IB Toilet Training

