

Outcomes

- Analyze how ABA is presented to consumers who have little or no learning history that includes applied science or pragmatism
- Describe the use of behaviorally and technically sound techniques and interventions that have a contextual fit to teams of front-line supporters and interventionists in the environment, as well as to the person-served
- Become mindful of necessary accommodations to fit into systems/paradigms that are counterproductive to ABA practice and ethics.

Outline

- Behaviour Analytic literature – issues identified and recommendations
- Local issues, ethical issues and scope of practice
- Strategies for playing nice and making friends discussed throughout
- Challenges Identified in the Research

Issues Identified in the Research

Relationship Deficits

Lack of:

- Collaborative consultation – competitive or antagonistic
- Cultural competency and diversity awareness
- Conversational, or plain language descriptions of what we do and what we want

Audience identified solutions to relationship deficits:

Reframe and add on to what person said but with additional behavioural technology, so that you are adding some of your insight into what was said.

Be a receptive listener

Carefully pick your audience and select the language that you use carefully -if working with SLP's or parents, and other professionals using the terminology will actually hinder collaboration

At meetings and in the school environment: do some teaching of the terminology to explain mentalistic words

Build rapport and credibility - Relationships take time - everyone is anxious and may say things they may not mean, you have to be forgiving. We're all in a relationship we're not familiar with and will need to have more "dates" sharing all your info the first time is not necessarily the best approach; focus on rapport building and also building your credibility to speak – be open, excusing and humble to promote understanding that these relationships can be built on respect.

Positive pairing with the environment you are interacting with and NCR are the best rapport-building behaviours

Use plain language! Metaphors are a great tool for explaining complex terms. Provide education for complex terms and accurate labels when applicable

With collaboration issues:

Ask a lot of questions. This helps you understand what issues you may be able to give insight to (small) and feel out your audience at the same time; we have technology of common sense, if we have "evidence" and they want to hear "insights" when we use plain language we sound like we have common sense and we just need to finesse this.

Audience comments on cultural competency:

How cultural variables manifest in human beings can be very complex; we need to target behaviours that are important to each family. Things like grandmother's expectations or the shame of sharing labels or diverse religious beliefs

Ask questions, about priorities and values without applying pre planned potentially biased ideas

If it's not your area of expertise it is important to fall back into building rapport and have reciprocity.

Prepare yourself before entering situation, consult with your community - contact Pat, she knows everybody ;)

Ethical blurry lines between culture, religion and ethics. Ethics comes into play, regarding knowing that people expect you to have a cup of tea or other behaviours,

The team itself may be diverse!

Admit your ignorance, "I don't know enough, tell me".

Some BI's may not see one of the goals as being important because of their cultural background and it's important to consider

Be a good listener – probe

Come as a clean slate

Consult with people in your personal and professional network

Respect cultural traditions

Practice humility and ask about misunderstandings seeking to understand

Misunderstandings

- We threaten existing structures and popular views
- We are seen as dehumanizing
- We expect environmental intervention – a complete paradigm shift (often requiring behaviour change from supporters)
- We contradict systemic mentalism

Systemic Myths

- Medication can change behaviour
- Diagnoses are outcome measures
- Behaviour is purposeful, random and unpredictable
- People with compromised brains can't learn
- Punishment works, i.e. arbitrary consequences and denying the function

Audience comments on Misunderstandings:

Response effort – you need to be concise, we have complex interventions and sometimes other disciplines offer 'easier' solutions, we are competing with that.

Focus on building blocks, "take beautiful plans and whittle them down to a couple of things people can do"

Sometimes our discipline is not the one that makes the client immediately 'happy', be mindful of response effort and do the easy intervention first.

Public change over time from punishment procedures to reinforcement procedures is slowly but successfully happening currently. – Changing the paradigm

With adults, if it doesn't make the person happy it's against their human rights, Bobbi does not implement punishment procedures without client collaboration - emphasis on positive behaviour supports

It takes time to buy in. Some people will not buy in, and we're aiming for a tipping point: look for empowering people who ask a lot of questions and want to know or learn something through you Empower the people in the team environment who are 'working on your side' – let them sway the majority with their success

Sway the majority: i.e. in a group home, give the supervisor a plan that all staff can implement and if one person is not, it is now grounds for discipline! For some people who are so entrenched it needs to be disciplined or threat of - teach supervisor how to take data and monitor

Our Bad

- Arrogance about our "pure science" foundation and superior technologies
- Dismissing other theories and therapies
- Staying in our nerdy bubble
- Ignoring the contributions of other sciences
- Ignoring the contributions of other professionals
- Being un-relatable
- Asking for too much from front-line supporters
- Being dismissive of anything that is not an empirically supported treatment, including medical issues

Audience comments on 'our bad':

Our training is entrenched in our own bubble with regards to learning about and with other disciplines

Read articles from other disciplines and translate the language to behaviour analytic terminology

Be willing to acknowledge and accept limitations in other fields without dismissing them – they often have social validity

Build collaboration between other disciplines – work together

Whittle down on behaviour interventions and find where you get 'buy in' then, reinforce!

Put limitations on your own expectations – we must bite our tongues

Don't 'tell them what to do', teach them what to do – include them in the writing of the behaviour plan and reinforce good ideas

Be aware and practice soft skills – don't burn bridges by being unrelatable – you are the guest in most environments

Our job in itself is very unique but we are not the supervisor or boss

Become a confidant within a team – You are a person the team should feel comfortable relaxing with and disclosing information to

Make up for mistakes! If rapport is damaged, you can always rebuild it as long as you haven't gone too far

SLP's training: to work with other specialists. Her insight is that BCBA's may not actually be getting training in other fields and how to connect with other areas of knowledge

We are not publishing with other professionals! Other than Joe;)

Willingness to accept our limitations allows us to get access to the other professionals - acknowledge what you know and can bring to the table and ask for their knowledge - show that you're a good listener

Recognize other disciplines limitations: if the plan does not fit, back up and think about where those limitations come from. Think about social validity

Say "wouldn't it be great if we could work together on this": get to a systematic message which we know works great

Whittle down and pick out 1-2 things that have buy in, in some way, to gain momentum to do the other strategies especially when working with adults with long histories of behaviours -there's a lot of fear and resistance involved with that

Putting limitations on our own expectations!

You are a guest in a system where there is allegiance to other ideas outside of your control

Don't tell people what to do, ask if it is something they can do

Include front line workers in writing the plan together

Divide work by capabilities

Being un-relatable: due to no training in soft skills unlike other therapies. I.e. coming into other people's homes and telling them what to do, we don't see ourselves as an invited guest- and they're just parents coping but we storm in with our big words being bossy "going IN to do a home visit" as though it's a war zone

Staff in homes or schools: they are not our employees and they know it, don't forget to ask for their part in the plan

When you become a front line person's confidant, you start to know how things are really working because they see you as a person who can confide in, and you are then able to teach

We do need to be productive but sometimes it's not our fault! Sometimes we do get triggered and know we are not being effective, it's important to have a sympathetic approach to everyone - the client, the staff and also yourself. It's hard to see a client suffer.

Knowing your own limitations - we all blow it at some point, but you can make up for that. If people see you as caring in general they will forget the blow up ;)

There are other areas of practice that are evidence based that play into whole vulnerability of a person who has a right for effective treatment

Moving from working with kids to adults is a huge leap: some rights for kids are big differences to adults -not enough attention is paid to BCBA's working here ie a goal to lose weight vs adult rights

Special Issues in BC and Canada

Available ABA Education

- The legacy of Auton v. British Columbia, 2004
- Early childhood treatment of Autism received public funding
- The growth of ABA in Canada became based in childhood ASD
- Education in ABA was streamed

Scope of Practice

1.02 Boundaries of Competence.

(a) All behavior analysts provide services, teach, and conduct research only within the boundaries of their competence, defined as being commensurate with their education, training, and supervised experience.

(b) Behavior analysts provide services, teach, or conduct research in new areas (e.g., populations, techniques, behaviors) only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas.

In BC this is widely ignored when it comes to:

- Adults
- Complex diagnoses
- Psychiatric diagnoses

To the detriment of ABA as a whole

Audience comments on scope of practice

In BC teaching ignores a huge population! The adolescents and adults! In Ontario ABA in treatment options has been available longer, so there is more diversity in clients there. Here in BC ABA has been streamlined. Pat and Joe do support academically people with diverse backgrounds

In the Auton case: the children who were children then, are now adults. With their private consultants who continue to work with them, and so working with adults does exist more now. And things get more complex in adulthood which is why we're seeing psychiatric issues emerge

There is a need to expand scope of practice in BC

Our health care systems need to start supporting behaviour analysis

Beginning of shift in organizations beginning to hire behaviour analysts

Funding is a barrier – what you want to do vs what you're capable of. Family's hands are tied when it comes to funding and how to allocate their funds.

Hard to report to BACB – goes against Canadian culture

Goodness of fit – families often jump into services when they should really find a great fit for them and their family

Seek out mentors in the area you would like to be in – learn from other colleagues in the field

ABA is needed in other areas! Psychiatry, group homes with adults etc.

Some BCBA's, many are not, are going in and working with adults with complex diagnoses and psychiatric diagnoses: this is to the detriment of ABA as a whole!

A consultant at CLBC told Bobbi they are trying to avoid ABA in adult population because it has not gotten them anywhere, and they get lots of complaints

ABA is not a stack of papers without any detailed analysis, real targets and valid, reliable strategies to implement

Rasp list for adults would be ideal

ABA Is the Best Treatment Available

What may help:

- Acceptance into the College of Psychologists
- Acknowledging our limitations
- Staying within our scope of practice and not turning a blind eye to those who are not
- Stop blaming the competition

Audience comments on what may help:

Stay in our scope of practice and report those who are not - John Bailey would say report the violation

Canadian culture does not make it easy - and what if they're not BCBA's how do we deal then?

Ensure goodness of fit: tell parents to wait 24hrs, come back with questions, meet with other people because you will be letting people into the house

We need to be right for the people we serve

Seek out mentors, if you have a passion in one area of interest find someone who can build on that.

Stop our own competitiveness with each other! Ask one each other for help instead

Accept the need to become knowledgeable and gain that experience

Repeatable Bobbi quotes:

"Behaviour analysis is a science of common sense"

"One rat is like every other rat, one pigeon is like every other pigeon.... Our sciences manifest in human beings complexly, when we interact with different cultures we need to ensure salience and a good contextual fix"

"Think technically but speak plainly"

"When challenge someone's conditioned behaviour, they're going to reject you"

"A person working with adults better understand person centred care and trauma centered care"

Supervision strategies from the presentation:

Conversational / plain language descriptions about what we do and what we want: should have this built into the task list!

teach soft skills as supervisors: Now tell me in plain English after you ask your supervisee to explain technically

Use metaphors "it's like this.."

Metaphors used with family members and using their interests as per Joe Lucyshin

Saying the label (technical) after opportunities to describe what is happening

It is about us training our brains, so that we don't have cognitive biases we may not be aware of- think technically and speak plainly!

It is helpful to put a technical term to your own behaviours and then think about how you would normally explain them in family and normal life context

Use news stories to practice explaining behavior analytically to then use backwards and as examples for families and teams to teach the concept