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# Best Practices in Training Caregivers to Implement Behavioral Interventions

Joanna Lomas Mevers

*Emory University & Marcus Autism Center, joanna.lomasmevers@choa.org*

Nathan Call

*Emory University & Marcus Autism Center, Nathan.Call@choa.org*

Mindy Scheithauer

*Emory University and Marcus Autism Center, Mindy.Scheithauer@choa.org*

Sarah Miller

*Marcus Autism Center, Sarah.miller@choa.org*

Dana Bamford

*Marcus Autism Center, Dana.Bamford@choa.org*

*See next page for additional authors*

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**Presenter Information**

Joanna Lomas Mevers, Nathan Call, Mindy Scheithauer, Sarah Miller, Dana Bamford, Kelly Autry, and Faith Cawthon

# Best Practices in Training Caregivers to Implement Behavioral Interventions

**Joanna Lomas Mevers, PhD, BCBA-D<sup>1,2,3</sup>;**

Nathan A. Call, PhD, BCBA-D<sup>1,2,3</sup>;

Mindy Scheithaeur, PhD, BCBA<sup>1,2,3</sup>;

Sarah Miller, M.A.<sup>1,2,4</sup>; Dana Bamford, M.A.,<sup>1,2</sup>;

Kelly Autry M.A.,<sup>1,2</sup>; and Faith Cawthon, M.A.<sup>1,2</sup>

<sup>1</sup>Marcus Autism Center

<sup>2</sup>Children's Healthcare of Atlanta

<sup>3</sup>Emory University

<sup>4</sup>Louisiana State University

# Common Practices for Caregiver Training

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- Behavioral Skills Training (Shayne & Miltenberger, 2013; McIntyre, 2008; Sanders, Mazzucchelli, & Studman, 2004)
  - i.e., Behavioral Parent Training
  
- Typically consist of
  - Didactics
  - Modeling
  - Role play
  - In-vivo
  - Corrective feedback throughout

# Behavioral Parent Training (BPT)

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- Feldman and Werner (2002) conducted waitlist control studies of BPT to understand collateral effects on families
  - 18 families in each group
  - 1 to 2 hour weekly home visits
  - 3 to 6 months of services

- Finding from Feldman and Werner, 2002
  - parents reported that they observed fewer and less severe behavior problems in their child
  - increased child and family quality of life
  - increased both in-home and out-of-home social engagements
  - some parents returned to work because they were now able to leave their child in daycare or after-school care
  - less stress related to the child's physical limitations
  - more confident in getting the behavior to stop as well as preventing new problem behaviors from occurring
  - more confident in teaching more appropriate behaviors

# Behavioral Parent Training (BPT)

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- There is still little research on generalization of skills to new setting and how to maintain acquired skills (Sanders & James, 1983)
- There is little research on how to increase long term effectiveness of behavioral skills training
- There is little guidance on how to implement each component

- Written and/or verbal instructions
- Treatment overview
- Rationale for treatment
  
- How long do you spend on each component?
- Should all components be treated equal?
- Education on basic behavioral mechanisms included in treatment?



- Allows caregivers to see correct implementation prior to them implementing the procedure themselves
- Do you always have to model?
- How much time do you spend on the model?
- In-Vivo or Video?
- Can modeling be combined with other components?

- Allows the caregiver to practice the procedures before implementing them with the child
- Do you always have to role-play?
- How much time do you spend on the role-play?
- Do all skills have to be mastered in role-play first?

- Allows the caregiver to learn the procedure while working with the child
- Should skills be mastered at this step in training or during an earlier step?
- What to do when there is no opportunity to master skills at this step?

# Corrective Feedback

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- Immediate error correction, helps caregivers to identify errors and adapt their behavior
- Is it better to provide feedback in the moment or immediately after the session?
- Should feedback be only corrective?

- How long do you spend on each component?
- Should all components be treated equal?
- Education on basic behavioral mechanisms included in treatment?

# Recommendations for Didactics

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1. All procedures start with a didactic to introduce the caregiver to what is begin trained
2. Didactic should include some rational for why the component is included in treatment
3. When possible show video examples of the component being implemented
4. Provide caregivers with a written copy of the treatment protocol in parent friendly language
5. Move to role play/in vivo once the caregiver endorses that they are ready to move to next step (i.e., does the parent feel confident that he/she can implement the procedure)

# All components may not be created equal

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- Some components require a brief didactic to introduce the caregiver to the procedure and rationale
  - Examples: Simple schedules of reinforcement
- Some components require a more in-depth didactic to introduce the caregiver to the procedure and rationale
  - Examples: extinction, how to define problem behavior, intermittent schedules of reinforcement, complex prompting procedures, multiple schedule, response reduction procedures

## Extinction

### What is it?

- Extinction is a treatment component used to decrease problem behavior.
- The technical definition for extinction is no longer providing reinforcement (e.g., your attention or his/her favorite toy) for a previously reinforced behavior.
- This means that once we have identified why a behavior is occurring we can stop providing reinforcement for that behavior.
  - The reason to stop providing reinforcement is because a behavior that no longer results in reinforcement will eventually decrease.
- For example, we have identified that Sarah will hit a wall to get her favorite toys (this means we have identified the reinforcer for the hitting behavior is getting her favorite toys). Now that we know why she hits the wall we can stop giving her toys. When we don't give her toys when she hits the wall we are using extinction.
- How you implement extinction is different depending on what the reinforcer (meaning: reason) is for the behavior you target for reduction.

### Examples of how to implement extinction

- If your child is engaging in problem behavior to get someone's attention, in this situation extinction would be ignoring the problem behavior or not allowing your child to gain access to attention.
- If your child is engaging in problem behavior to get out of completing a task or chore, extinction would be continuing the demand until the task is completed.
- If your child is engaging in problem behavior to get a preferred item or activity, extinction would be not giving the child the item or activity.

### What do I need to be ready for when extinction is implemented?

- An extinction burst can occur when extinction is implemented. An extinction burst is when problem behavior increases either in frequency (how often it occurs), in intensity (for example how hard the child hits) and or variability (sometimes when you use extinction you will observe new behaviors. An example would be if the child typically hits and hitting is placed on extinction then you may see a child throw items, a behavior that they don't typically do). The good news is that these side effects only last for a brief period of time before the problem behavior decreases and sometimes don't happen at all.
- When an extinction burst occurs, it is important to remember that if you remain consistent and do not give into the problem behavior by giving them the thing they want the problem behavior will decrease over time.

### Things to remember:

- Extinction will only be effective if you are consistent with implementation (meaning you never allow problem behavior to work) and if you are preventing access to the correct reinforcer.
- If you are not consistent with extinction and allow problem behavior to work (meaning that the child gets the reinforcer), extinction is less likely to be effective and it could possibly make things worse. This is because if you give in (give the reinforcer) when the problem behavior has increased in frequency, intensity, or a new behavior occurs, you are teaching your child that they get what they want when they engage in more severe behaviors. For this reason you should only use extinction when you are sure you can follow through and not give the reinforcer.



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- Do you always have to model?
- How much time do you spend on the model?
- In-Vivo or Video?
- Can modeling be combined with other components?

# Recommendations for Modeling

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1. Important for complicated components such as complicated prompting procedures (e.g., prompting procedures)
2. May be less important for components that are straight forward (e.g., reinforcement delivery following FCT)
3. Consider alternative methods such as video of the correct procedures implemented with child
4. Modeling can be provided in conjunction with didactic or role-play
5. Keep modeling brief

# Role-Play

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- Do you always have to role-play?
- How much time do you spend on the role-play?
- Do all skills have to be mastered in role-play first?

# Recommendations for Role-Play

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1. Certain procedures may be more important to role play than others (e.g., procedures that require physical interaction)
  - Example: prompting procedures, multi-component treatments
2. Other components may not need to be role played
  - Example, Providing verbal and physical attention and playing with child, token economy, response blocking, functional communication training
3. It is important to consider the benefits of role play and ensure they outweigh any potential loss of buy-in by the caregivers
4. If the component is straightforward it may be more beneficial to have caregivers master it in live sessions with the child



- Should skills be mastered at this step in training or during an earlier step?
- What to do when there is no opportunity to master skills at this step?

# Recommendations for In-Vivo

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1. It is important that the caregivers demonstrate mastery of each component while working with the child
2. Despite your best efforts to replicate the situation in role play, live mastery of the skills is necessary to prepare them to implement treatment alone
3. If mastery of skills is not possible in vivo, due to a lack of opportunity, those skills should then be mastered in role play
  - Example: Child does not engage in problem behavior therefore caregiver cannot practice extinction

# Corrective Feedback

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- Is it better to provide feedback in the moment or immediately after the session?
- Should feedback be only corrective?

1. Corrective Feedback should be provided throughout the training process
2. The more immediate the feedback the better, but this needs to be balanced with giving caregivers feedback in front of the child
  - This may be a larger consideration when the child is high functioning
3. Consider the effects of in-the-moment feedback and how it relates to caregiver buy-in
4. Praise is an important part of the process

# Fading Caregivers into Sessions

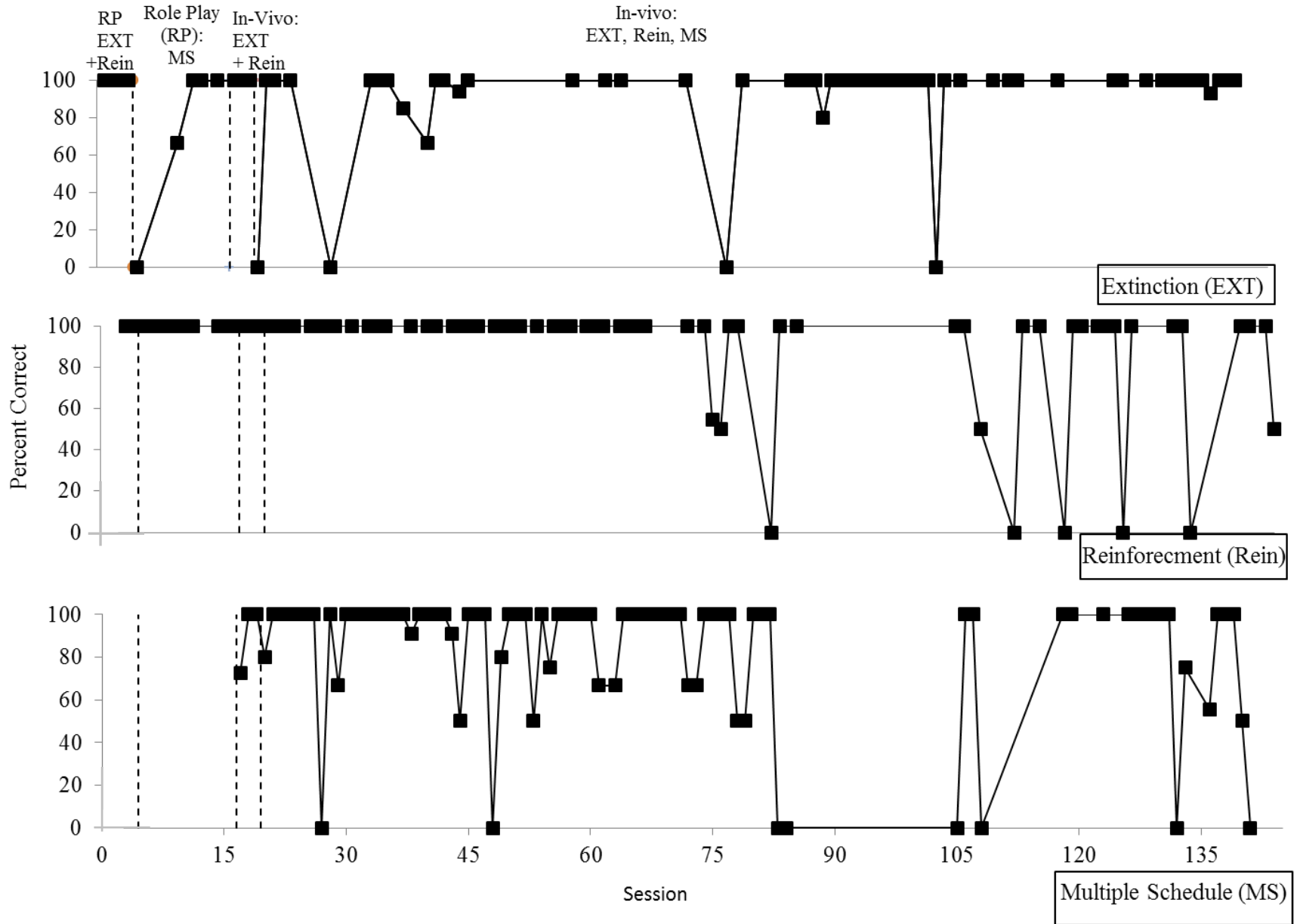
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- For some children there may be advantages to having the caregiver fade into treatment
- Start with reinforcement then move to more invasive procedures

# Example of Fading in a Caregiver

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- Step 1: Caregiver present but not implementing any components
- Step 2: Caregiver implements only reinforcement and extinction
- Step 3: Caregiver implements reinforcement, extinction, & establishing operation manipulations (e.g., presentation of demands, removal of preferred stimuli)
- Step 4: When applicable caregiver implements response reductive procedures



- Set the criteria for mastery at each step of the training process
- Didactics
  - Caregivers explain the procedures in their own words
  - Caregivers take a short test
  - Ask caregivers specific questions to have them demonstrate understanding of procedures and concepts
  - Endorsement that they understand the procedures
- Modeling
  - Endorsement that they understand the procedures



- **Role-play**
  - Mastery of each component during role-play prior to in vivo sessions
  - vs
  - Exposure to procedures and endorsement they are ready to move on to in vivo sessions
  - Mastery of components that were not practiced in vivo due to opportunity
- **In Vivo**
  - Mastery of each component during in vivo

## 3-step

1	<p><b>Provides, clear, concise demand that is not a question only once (verbal, model and physical)</b></p> <p><u>Correct:</u> Provides clear concise demand that is not a question only once at step 1</p> <p><u>Incorrect Omission:</u> Fails to provide demand at step 1</p> <p><u>Incorrect Commission:</u> Provides demand but demand is either in the form of a question, not clear, not concise or is provided more than once at step 1</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	<p><b>Waits approximately 5 s for the child to respond to prompt (verbal, model)</b></p> <p><u>Correct:</u> Waits approximately 5 s for the child to respond independently to the instruction</p> <p><u>Incorrect Omission:</u> waits less than 5 sec for child to respond</p> <p><u>Incorrect Commission:</u> waits more than 5 sec for child to respond</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	<p><b>Provides praise to child if they complete task independently or following model prompt</b></p> <p><u>Correct:</u> Provides enthusiastic praise to child if they complete the task independently or following model prompt</p> <p><u>Incorrect Omission:</u> Fails to provide praise to child if they complete the task independently</p> <p><u>Incorrect Commission:</u> Provides praise when the child has not completed the task independently or following model prompt.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	<p><b>Provides model prompt by restating the verbal prompt and simultaneously provides a model of demand making sure to reset materials when applicable only once</b></p> <p><u>Correct:</u> Provides model prompt by restating the verbal prompt and simultaneously provides a model prompt making sure to reset the materials when applicable</p> <p><u>Incorrect Omission:</u> Fails to provide model prompt</p> <p><u>Incorrect Commission:</u> Provides prompt but either does not provide verbal prompt, does not provide model prompt, does not reset the materials when applicable or provides model prompt multiple times</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	<p><b>Provides physical prompt by physically guiding the child to complete the task and simultaneously restating the verbal prompt only once</b></p> <p><u>Correct:</u> Provides physical prompt by physically guiding the child to complete task</p> <p><u>Incorrect Omission:</u> Fails to provide physical prompt</p> <p><u>Incorrect Commission:</u> Provides prompt but either does not physically guide or does not provide verbal prompt or provides prompt multiple times</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	<p><b>Refrain from providing praise if physical prompt is provided</b></p> <p><u>Correct:</u> Refrain from providing praise if physical prompt is provided</p> <p><u>Incorrect Commission:</u> Provides praise following the physical prompt</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	<p><b>Refrain from providing any form of attention following any instance of problem behavior</b></p> <p><u>Correct:</u> Ignore any problem behavior</p> <p><u>Incorrect Commission:</u> Provides attention within 10 seconds of an instance of problem behavior.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# Other Considerations for Caregiver Training

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- Provide positive reinforcement for the caregiver throughout the training process
- Move at a pace that allows for caregiver to master all steps
- Just as treatments should be individualized, caregiver training should be individualized as well
- Consider using visual aids
  - e.g., cheat sheets, tip sheets, etc.