

The 'My Way' protocol

(SBT: Skills Based Treatment)

When the children and adults we work with exhibit disruptive and/or dangerous behaviour, they are usually trying to tell us something with their behaviour! Maybe they can't verbalise their wants and needs, maybe they've tried verbalising their wants and needs but not been successful or maybe their undesirable behaviour simply gets them a better result than talking!

With the Skills Based Treatment model (the 'My Way' protocol), we teach an individual to get their wants and needs met in a more appropriate manner.

- 1) We start by hypothesising why the undesirable behaviours are occurring.
 - At the most simple level, they might be trying to access other people's attention (both good or bad), tangible items (like an iPad, toy or food) or escape from something or someone they don't like.
 - We note all the reasons the undesirable behaviour might be happening, when it happens, where it happens, who it happens with and so forth.
 - We also note what the behaviour looks like. We also note if there are smaller, 'pre-cursor' behaviours that happen before the bigger, more disruptive or dangerous behaviours occur. For example, one of our kiddies starts to hum and grind his teeth just before biting and hitting.
 - We note specifics – is Mummy's attention better than everybody else's? What kind of attention – a gasp, a scream or a smile? We also note what the behaviours look like.
 - Child C example: We hypothesised that Child C was wanting adult attention in the form of talking and playing, escape from work and access to his favourite items, usually an electronic toy. He would grind his teeth, hum and later flop to the floor, run out of the room, stop responding, cry, scream, shout and sometimes hit and bite. It happened at home and at school, with parents and therapists, teachers and teaching assistants. It did not happen when he had access to his favourite electronics (such as a radio or iPad) and would happen more frequently when he was asked to complete academic tasks.

- 2) Next, we verify our hunches and building trust – do we know why the individual is exhibiting undesirable behaviour?
 - This is where we test whether our theories are correct. We set up a situation with all the events that usually cause the undesirable behaviour. As soon as the undesirable behaviour begins, or better yet, as soon as any smaller pre-cursor behaviour is exhibited, we remove the aversive events or objects and give the individual all of their favourite items back.
 - If we give the individual all the expected reinforcers for their undesirable behaviour would the behaviour increase? If it does, we know that we have guessed why they are doing it correctly.
 - This stage also teaches the individual that their undesirable behaviour (or the precursors to it) get them a good result every single time. Anecdotally, researchers found that when they reinforced the undesirable behaviour (or it's precursors) consistently, the behaviour reduced in magnitude and length.
 - Child C example: With C, we started with him playing with his favourite electronics, his therapist talking to him, playing with him and not placing any demands on him. The therapist then suddenly removed the toys, stopped playing and talking to him and said, "Right, time to do some work, sit here please". Child C would immediately start to hum and grind his teeth. As soon as this happened, the therapist would say, "Oh I'm sorry, no work, here you go" and hand him back all of his toys. His parents thought we were bananas.

Please contact Jo Westley (jo@abaguide) for more information and permission to share.

- 3) Next, we shift the communication to something more appropriate than the problem behaviour
 - This is when we teach the individual to say or sign (using BSL or PECS) “My way” instead of the above problem behaviours. We might start by physically prompting them to pick up the PECS, sign the sign or provide an echoic prompt.
 - When they say/sign, “My way”, we give them all the reinforcers. As soon as we set up the aversive situation, we immediately prompt “May way”, not leaving time for an undesirable behaviour to occur.
 - We fade back our prompts over time so the individual asks for “My Way” spontaneously.
 - Problem behaviour is now on extinction but “May Way is prompted so quickly and reinforced so quickly, this is rarely an issue.
 - Child C example: Child C is very good at echoing adults’ words so a verbal prompt worked quickly for him. Again, we started with him playing with his favourite electronics, his therapist talking to him, playing with him and not placing any demands on him. The therapist then suddenly removed the toys, stopped playing and talking to him and said, “Right, time to do some work, sit here please, say “MY WAY”. Child C echoed “My way” and the therapist immediately handed him back all his toys and said, “Sure you can have your way! Here you go!”

- 4) We improve communication to an improved form
 - “My Way” is quick and easy but sounds a little unnatural!
 - This is when we change “My way” into “Can I have my way?”, again, prompted at first but fading prompts over time to become spontaneous.
 - Again, problem behaviour is on extinction but prompts are so quick and so rarely occur.
 - Child C example: By this point, Child C had realised that this was a great game! He started saying “My way” all the time just to get praise and attention from adults (including at 5am, sorry C’s mum!). He was able to change to “Can I have my way” very easily, and when he reverted back to the simpler “My way”, we pretended to not understand. He quickly caught on and asked, “Can I have my way”. We went through the same procedure as above, quickly prompting him as soon as the aversive situation was set up and fading our prompts over time.

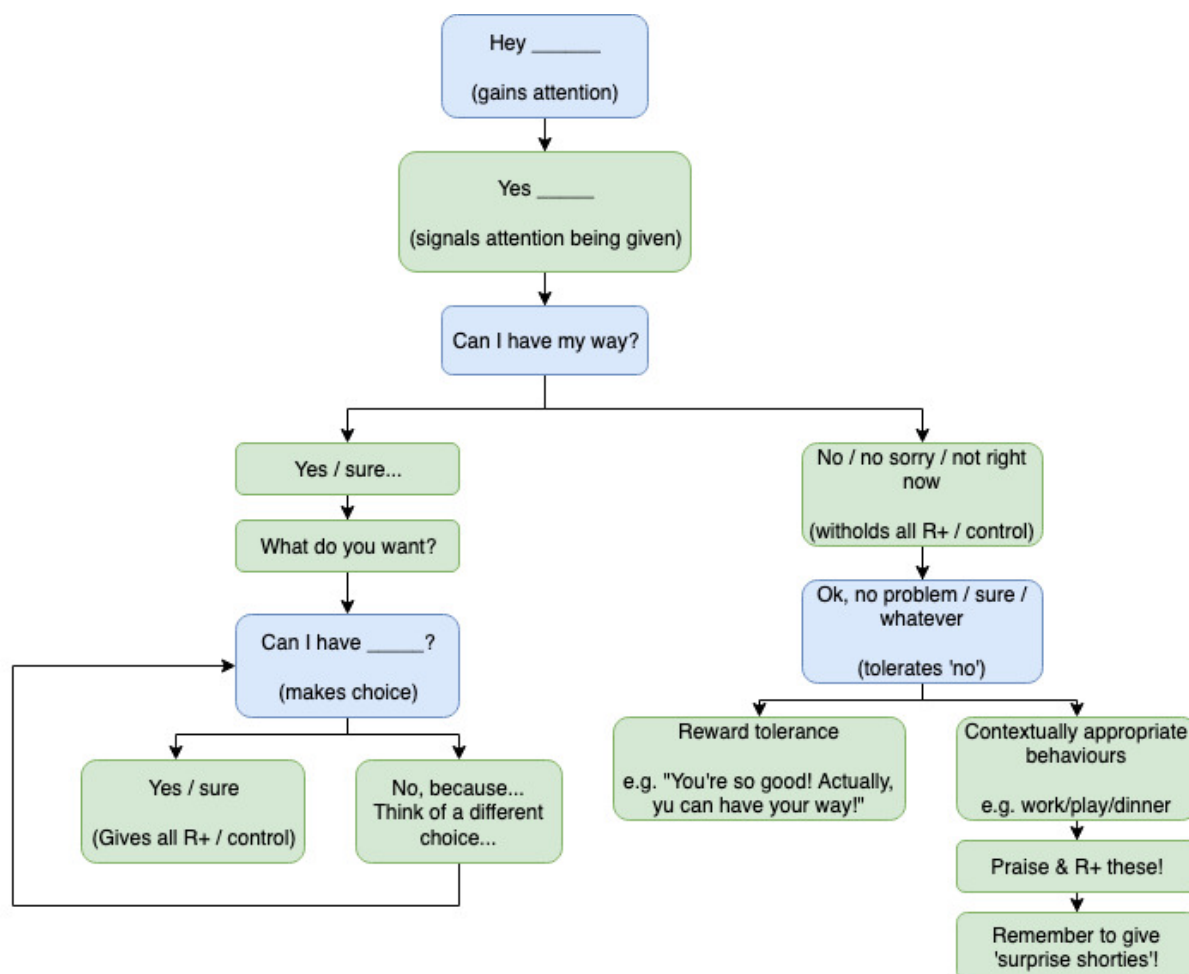
- 5) We improve communication even further!
 - This is when we change “Can I have my way?” into “Hey <name> (wait for a response). Can I have my way?”. This needs quite a lot of prompting, particularly for the individual to wait. We start at less than a one second wait with a hand held up as a visual, and slowly increase this wait time.
 - Child C example: With Child C, we taught him to sight read flashcards with “Hey <name>” so we could prompt him to start the communication without our prior attention. The point of him saying “Hey <name>” is to gain our attention before asking for his way! This worked well for him, but might not for others.

- 6) We prepare the individual for inevitable disappointment – you can’t always access the reinforcer!
 - This is when the individual asks for their way but we say no / not right now. Unfortunately, we can’t always have our way in life and this prepares the individual for this.
 - We teach the individual to say/sign “Ok, no problem” in response to being refused their way.
 - Sometimes we praise them for accepting our “No” by giving them their way anyway, and sometimes we praise them but continue to do work.

- 7) We prepare the individual for inevitable ambiguity – in reality, we never know what might be expected of us next.
 - The individual will never be able to guess whether we will give him a “surprise shorty” (a prize for free), or make them work, or honour their request for their way.

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In flowchart form, it looks like this:



Future stages:

- 8) We will build the individual's stamina for tasks whilst keeping their hope alive
 - The individual will be expected to do more school work / learning tasks for longer periods of time, varying in their difficulty. They will still receive praise and prizes but at a lower frequency.
- 9) We find a reasonable balance of tasks and reinforcement
 - This is the stage where the individual will be able to work for the same amount of time expected of their peers.
- 10) Then we apply all of the above skills again but with relevant people.
- 11) Then we apply all of the above skills again but with relevant contexts.
- 12) Then we apply all of the above skills again but in relevant time periods.

More information can be found at:

<https://practicalfunctionalassessment.com>

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