Some Suggestions for Parent Training

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Overview
• I will discuss the contexts in which my students and I have become involved in parent (and staff and teacher) training.
• I will discuss contingencies presumed to govern parent behavior.
• I will describe our general assessment and treatment model.
• I will make four suggestions that I think are important considerations in parent training.
• I will attempt to link the information from yesterday’s presentation on matching to today’s presentation on parent training.

Parent Training and the Vollmer Lab
• School-based research
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- School-based research
- Our new behavior analysis research clinic

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- A proposed short-term residential treatment program

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Parent Training and the Vollmer Lab

- School-based research
- Our new behavior analysis research clinic
- Foster parent training program
- A proposed short-term residential treatment program
- Consultation

Faulty contingencies influencing parent behavior

- Negative reinforcement when the maintaining reinforcer is delivered.

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Sloman et al., 2005
Faulty contingencies influencing parent behavior

- Negative reinforcement when the maintaining reinforcer is delivered.
- Punishment of instruction delivery.

Three cases (all FAs showing escape behavior)

- Probability of problem behavior given instruction: Child 1: .93, Child 2: .89, Child 3: .67
- Probability of problem behavior given casual social interaction: Child 1: .12, Child 2: .15, Child 3: .04
- Probability of problem behavior given no social interaction: Child 1: 0, Child 2: 0, Child 3: .02

Faulty contingencies influencing parent behavior

- Negative reinforcement when the maintaining reinforcer is delivered.
- Punishment of instruction delivery.
- Punishment of correct instruction delivery by increased response effort (i.e., it takes longer to go through a proper instructional sequence).
- Impulsive behavior: obtaining the smaller, more immediate reinforcer at the expense of a larger more delayed (and in this case promised or probabilistic reinforcer).

General model of assessment and treatment

- Parent, careprovider, teacher interview
- Direct observation of individual
- Functional analysis of behavior
- Systematic evaluation of treatment
- Careprovider training
- Follow up

Suggestion 1:
Be certain that the procedure you teach is going to work
Why be certain?

• If not, you will waste everybody’s time
• If not, you will delay effective treatment
• If not, you will LOSE credibility
• You can bridge the delay to reinforcement gap (discussed on previous slide) by showing video of before and after treatment to parent.

How can you be certain?

• Conduct a functional analysis
• Conduct a controlled treatment analysis
• Tweak as necessary
• Test in the target environment with professionally trained staff
• Describe to the parents (careproviders) and assess for feasibility (there is a caveat to this).

The Case of Rhonda


What usually worked

Vollmer, Marcus, & LeBlanc; 1994
Back to Rhonda

PERCENTAGE OF INTERVALS

SESSIONS

Vollmer, Marcus, & LeBlanc; 1994

Korey

PERCENTAGE OF INTERVALS

SESSIONS

Vollmer, Marcus, & LeBlanc; 1994
Suggestion 2: Consider the implications of integrity failures

Rule of thumb
From yesterday:

- Minimize reinforcement for problem behavior, maximize reinforcement for appropriate behavior.
- DRO or DRA?
- DRO is okay, just not in isolation (like NCR)

Consider integrity failures
- Using DRO, 95% integrity equates to a VR 20 schedule of reinforcement. Thus, 95% sounds good but represents poor integrity.
- Using DRA, even 55% integrity should equate to almost exclusive preference for the appropriate behavior if all else is held constant. Thus, 55% sounds bad but represents reasonable integrity.

DRO integrity failures
Claire St. Peter's arrangement

Unpublished Data
DRA integrity failures
Claire St. Peter’s arrangement

Unpublished Data

Suggestion 3: Identify the appropriate prompting sequence

Overuse of “3-step” prompting
- Verbal, model/gestural, physical (commonly cited as being from Horner & Keilitz, 1975)
- Horner & Keilitz (1975) actually used a five step sequence: No help (pause), Nonspecific prompt (pause), Verbal prompt (pause), demonstration (pause), assistance.

Discriminating when to use 3-step vs. 5-step
- Three step is used when the occurrence of the response depends on the presentation of instruction (e.g., “Please open your math books”).
- Five step is used when the goal is to promote independent responding that is under the control of non-verbal stimuli (e.g., in behavioral chains, in routine tasks, in mand training).

Why does it matter?
- Three-step sequence has no explicit mechanism to promote independence.
- We see many individuals essentially “waiting” to be prompted before they engage in the correct response.
An Example with Mand Training

Suggestion 4: Use competency-based training

Competency-based training

- The trainee must demonstrate accurate performance of the procedure.
- Ideally, the demonstration of accurate performance is conducted in the target environment with the target individual(s).

One approach to competency-based training (Marcus et al., 2001)

- Step 1: Didactic interaction
- Step 2: Role play A—parent as kid
- Step 3: Role play B—therapist as kid
- Step 4: Immediate feedback
- Step 5: Delayed feedback
- Step 6: Monitoring and follow up
- Booster training as necessary

Summary

- It is important to understand the contingencies maintaining parent behavior.
- Be certain your procedure is going to work.
- Prepare for and understand the implications of integrity failures.
- Identify the appropriate prompting sequence.
- Use a competency-based training model.
- The end goals are to promote greater reinforcement of appropriate behavior and to promote greater independence. Larger, more delayed outcomes that will eventually maintain appropriate parent behavior.