Additional Tips for Designing and Conducting the Treatment Process

The treatment design worksheet (above) will guide you through the important components of the process, and the data sheets (below) may be useful for implementing the treatment because they provide the necessary randomization at the later treatment steps as well as criteria to advance to the next step in the process. Some additional tips for consideration for the treatment process.

1. Design treatment around the most challenging (evocative) and convenient situation possible. This may facilitate generalization of skills to other, less evocative, situations.

2. Treat in sessions of 5 presentations (trials) of the synthesized establishing operation (EO).

3. A set of at least 8 sessions should be run at least 3 times per week (at least 120 trials per week). More frequent practice will lead to quicker progress, but it is important that procedural integrity be high during the initial treatment process. Therefore, we recommend that an experienced BCBA or an effective teacher or parent under BCBA supervision conduct treatment until step 19 has been completed, even if this means fewer sessions per day/week. This is probably preferable to a team of caregivers/staff implementing the treatment more frequently but with varying integrity levels. In other words, we recommend that treatment extension to less-experienced caregivers/staff take place after mastery of all skills.

4. During the initial treatment process, we recommend that non-treating caregivers continue with their current procedures and, if the child/client is in crisis, provide the synthesized reinforcers identified in the analysis noncontingently during the challenging situations and deliberately following precursors to problem behavior.

5. Select teaching procedures based on individual client needs. For example, some clients might benefit from Behavior Skills Training (BST; instructions, modeling, role play, feedback). Some clients might benefit from most-to-least prompting with deliberate prompt fading. Some may require shaping without any prompting.

6. During the reinforcement interval, refrain from accidentally doing things that might evoke problem behavior (e.g., asking questions, correcting child's interaction with materials).

7. The general process described below involves differential reinforcement of which extinction is a part. Sometimes we use partial extinction to avoid escalation of problem behavior, which general involves allowing the child to escape for problem behavior but reserving the entire synthesized reinforcement to follow skills. We also sometimes implement the process without extinction in a format referred to as the enhanced choice format.

8. See Data Sheets at end of document for specific criteria to advance to next treatment step.

9. Here is a very general treatment integrity check-in:

   - **Immediate SR for FCRs some of the time? ___**
   - **Immediate SR of TRs some of the time? ___**
   - **Immediate SR of CAB1s some of the time? ___**
   - **Immediate SR of CAB2s some of the time? ___**
   - **Delays end when expected amount of behavior occurs? ___**
   - **No signals of exact amount of behavior required to end the delay? ___**
   - **Variable durations of reinforcement? ___**

   These should all be answered **Yes** at the end of the treatment process.