

Implementing skills-based treatment in naturalistic contexts

Huw Price, Hannah Newcombe and Katie Lyon

Abstract

Purpose – Parenting children with disabilities can pose a variety of challenges. Where children develop behaviours that challenge (BtC), these can affect their, and their family's, quality of life. The purpose of this study was to assess the feasibility and acceptability of Practical functional assessment (PFA) and Skills-based treatment (SBT), delivered in naturalistic settings, in the United Kingdom.

Design/methodology/approach – PFA and SBT were implemented within family homes and / or school settings, with three autistic children with co-occurring intellectual disabilities who displayed BtC.

Findings – The quantitative data indicated that each of the children developed skills relating to communication, tolerance and cooperation. The qualitative data collected before the intervention commenced, indicated that the occurrence of BtC was both frequent and severe, for each child. There were no occurrences of BtC in either analysis or teaching sessions.

Practical implications – PFA and SBT can be implemented in naturalistic settings such as family homes and schools, and can result in meaningful skill development, and a reduction in BtC.

Originality/value – There is a wealth of research indicating that SBT can produce meaningful outcomes. To the best of the authors' knowledge, this is the first study to investigate its use in naturalistic settings, and implemented on a peripatetic basis, in the UK.

Keywords Autism, Positive behaviour support, Intellectual disability, Behaviours that challenge, Applied Behaviour Analysis

Paper type Research paper

Huw Price, Hannah Newcombe and Katie Lyon are all based at PBSUK, Perth, UK.

Introduction

Skills-based treatment (SBT) is a behaviour analytic teaching process (Hanley *et al.*, 2014) used to support autistic children (and those with co-occurring intellectual disabilities), who display behaviours that challenge (BtC), it is acknowledged that there is discourse regarding such terms being considered stigmatising and/or ableist; Chan *et al.*, 2012; Bottema-Beutel *et al.*, 2021). This process involves the completion of an interview-informed synthesised contingency analysis (IISCA; Jessel *et al.*, 2016), followed by the teaching of specific skills which enable the individual to communicate their needs (a functional communication response, FCR), tolerate denial or delay, cooperate with requests to relinquish preferred items and transition to, and participate in, activities and instruction (Hanley *et al.*, 2014). The analysis and teaching process are reflective of what Hanley (2020) describes as *today's ABA*. In his description of *today's ABA*, Hanley (2020) outlines that Applied Behaviour Analysis (ABA) has been criticised for a historic focus upon teaching compliance with neurotypical norms and has not always been delivered in ways that are sensitive to the needs of the populations being served. In contrast, *today's ABA* aims to listen to, understand and serve the individual(s) receiving support, and prioritises three core values (safety, rapport and televisibility).

The UK context

The context in the UK differs significantly from that of the USA where SBT was predominantly developed. In the USA, ABA services are often delivered in clinical settings and through relatively comprehensive applications (i.e., more than 25 hours per week). These services are predominantly funded by medical insurance ([Choi et al., 2020](#)). In the UK, neither ABA or positive behaviour support (PBS), are widely available within education and children's services ([Griffith et al., 2012](#); [Denne et al., 2020](#)), despite increasing evidence of their efficacy, and recognition within government policy (e.g. [Department of Health, 2014](#); [Her Majesty's Government, 2019](#)).

Children, families and behaviours that challenge

There is recognition that caring for, and supporting, an autistic child, can result in significant emotional and logistical challenges for families ([Corcoran et al., 2015](#)). Where the child displays BtC, these can pose significant risks to the child's health, quality of life (QoL) and the QoL of their family. There are numerous vulnerability factors which increase the likelihood of an individual developing BtC (lacking communication skills, and increased family stress to name but a few; [Bowring et al., 2019](#)). In the absence of focussed efforts to address the individual's underlying needs, the occurrence of these behaviours is unlikely to change, and is likely to result in further negative life experiences such as exclusionary practices, and physical harm, which further increase the likelihood that BtC will continue ([Bowring et al., 2019](#)). SBT has been shown to result in reduced occurrence of BtC, but also directly addresses multiple vulnerability factors, through teaching communication skills, building relationships and developing skills needed for engagement and access to learning opportunities ([Jessel et al., 2018](#)).

The present study

No prior studies relating to implementation of SBT in the UK were identified. This study, therefore, aimed to assess the feasibility and acceptability of SBT being implemented by PBS Practitioners, in naturalistic settings. The objectives of the study were to assess whether SBT was feasible in naturalistic contexts (i.e., it could result in the acquisition of meaningful skills, and a reduction in BtC), and whether it was acceptable to the families of those receiving support.

Method

Participants

Three participating families were identified through the normal operating procedures of the consultancy company undertaking the study. Families were contacted by their allocated PBS Practitioner to determine suitability. Families were provided with a detailed overview of the process, and their informed consent was provided before the intervention commenced. All participants lived at home with their families and attended Special Educational Needs schools as day pupils, although one participant (Ada) was attending on a significantly reduced timetable due to the frequency and severity of BtC.

Jane (not her real name) was aged 13 at the onset of the study. She was autistic and had diagnoses of CHARGE Syndrome and an intellectual disability, as well as a visual impairment and unilateral hearing loss. Phillip and Ada (not their real names) were aged 12 when the study commenced. They were both autistic and had a diagnosis of an intellectual disability. All participants were able to communicate vocally, generally using 2–3 word utterances and could follow multiple-step instructions, although they usually would not cooperate with such instructions. At the onset of the study, the occurrence of BtC significantly impacted their QoL and that of their families.

Settings

Synthesised contingency analyses and SBT sessions were completed either in the family home (Phillip and Ada) or in a private room at the participant's school (Jane). As the teaching process progressed, SBT sessions were delivered in the school setting for Ada, and the home setting for Jane, to promote generalisation.

Design

For each participant, an AB design was implemented to assess the efficacy of the intervention. More complex designs (e.g. multiple baseline) were not used due to the study's practical focus and the ethical implications of delaying intervention for certain participants.

Procedure

All practitioners received training regarding PFA and SBT from FTF Behavioral Consulting prior to commencing the intervention. They then received ongoing supervision from a Behaviour Analyst experienced in SBT for the duration of the study. Two practitioners were assigned to each participant, to plan and deliver the intervention. The process began with the completion of an IISCA (Interview-Informed Synthesised Contingency Analysis), which consisted of an open-ended interview conducted with parent(s), followed by a synthesised contingency analysis to identify "triggers" evoking BtC, and the consequences maintaining these behaviours (Jessel *et al.*, 2016). Synthesised contingency analyses were conducted with respect to "warning signs" (low-severity behaviours which would typically precede the occurrence of BtC), rather than BtC, to maintain safety and minimise discomfort for participants. The occurrence of "warning signs" was immediately reinforced (i.e., all demands were removed and the conditions giving rise to a "happy, relaxed and engaged" state; HRE, were delivered). After three replications practitioners switched to SBT.

SBT goals broadly followed a structured sequence: simple FCR (sFCR), complex FCR (cFCR), tolerance response (TR), relinquishing reinforcers (Contextually Appropriate Behaviour 1; CAB1), transitioning to an activity (CAB2), starting (CAB3; participating in 1–3 responses of an activity), varying (CAB4; participating in 1–3 responses of multiple activities), enduring (CAB5; participating in 1–10 responses of multiple activities) and persevering (CAB6; participating in 1–10 responses of multiple activities, including unfamiliar or novel activities). All sessions began by establishing HRE, with any discomfort or withdrawal of assent resulting in a return to HRE. Responses were prompted using a variety of prompts, and correct responses resulted in verbal praise and delivery of the HRE condition.

Practitioners did not follow the sequence rigidly and adapted this to participant needs. For Phillip, shaping the initial FCR was unsuccessful, so mand training was delivered before returning to FCR training (a mand is a request that occurs in response to a non-verbal stimulus. In Phillip's case, this involved teaching him to vocally request "my way please" when shown a box of preferred items. In response to this vocal request, the box was opened and he chose an item). Alongside data on skill acquisition and BtC, qualitative outcomes were recorded through discussions with the parents of participants.

Practitioners aimed to deliver 2–3 SBT sessions per week, and sessions lasted between 1 and 2.5 hours. In total, approximately 25 practitioner days (187.5 hours) were used to deliver sessions for each participant.

Acceptability

Acceptability was assessed informally through ongoing discussion with parents during the teaching process.

Ethical approval

Ethical approval was not sought. As all participants were under 16, parental consent was gained, and the UK-SBA Code of Ethical and Professional Conduct ([UK-SBA, 2024](#)) was followed.

Results

Skill acquisition

During the synthesised contingency analyses, none of the participants engaged in FCRs or CABs. SBT began in the school setting for Jane, where she mastered skills up to CAB5, with accuracy improving as teaching progressed. Once CAB5 was mastered, teaching moved to home to promote generalisation, with parents coached to lead sessions. Relatively few trials were required, and she rapidly reached the mastery criterion for CAB6.

For Phillip, shaping the initial FCR proved difficult, so mand training was introduced. He mastered skills up to CAB2 (transitioning) and showed some success with CAB3 (starting). However, at this stage the practitioners (in consultation with his parent) decided to end the teaching process, as it had become clear that the intervention was not addressing the main barriers to Phillip's QoL (school transitions, taxi travel and his sleep routine).

Ada mastered the skills up to CAB1 (relinquishing) rapidly at home, though practitioners revisited the Tolerance Response, as HRE needed re-defining. After mastering CAB4 (varying), a parent was coached to deliver SBT to promote generalisation. The accuracy of Ada's responding during these sessions was high, and she rapidly progressed to CAB4. Following this Ada was able to return to school with SBT delivered across both settings.

For each of the participants, the number of independent responses, and the total number of trials (independent responses and prompted responses) required to teach each skill, can be seen in [Figure 1](#).

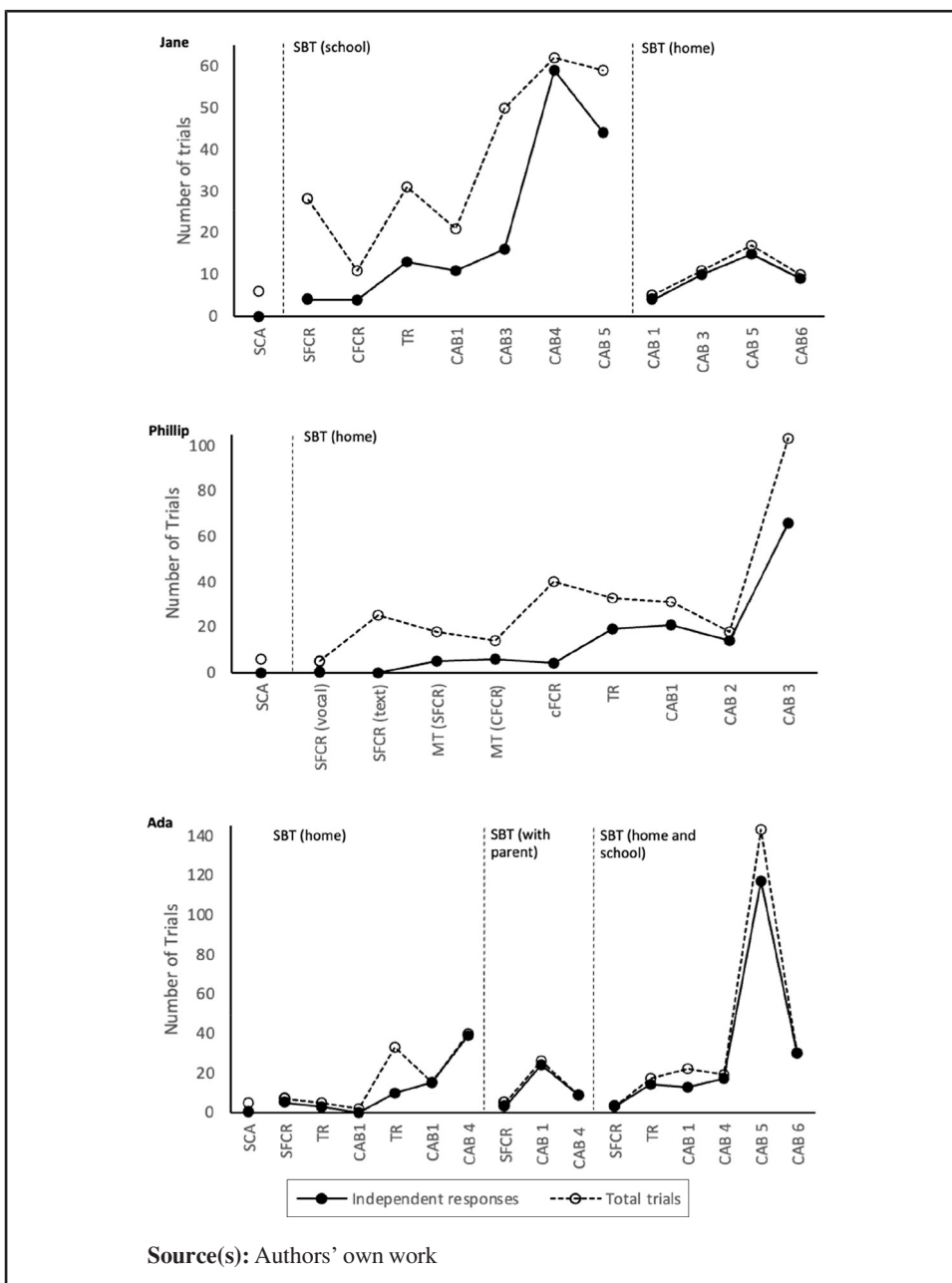
Behaviours that challenge

The percentage of BtC, and "warning signs" that occurred during analysis and teaching trials, was calculated through dividing the total number of BtC or "warning signs", by the total number of trials, and multiplying the result by 100. As shown in [Figure 2](#), across participants, no BtC occurred during analysis or SBT sessions. "Warning signs" occurred during between 83.3 – 100% of analysis trials but reduced when SBT commenced for all participants. The mean percentage of trials during teaching sessions where "warning signs" occurred was 8% for Jane, 19% for Phillip and 4% for Ada. For Jane, there was a slight increase in the occurrence of "warning signs" across each of the intervention phases (most likely due to the increase in the level of demand). Phillip's "warning signs" decreased during FCR teaching, then stabilised during remaining teaching sessions. For Ada, "warning signs" predominantly followed a decreasing trend across the first 2 intervention phases and were variable in the final phase (most likely as instruction during this phase was delivered across settings).

Qualitative data

The open-ended interviews completed with parents provided an overview of the difficulties experienced by the participants and their families. Qualitative changes following the implementation of the intervention, were then documented as "weekly wins" by practitioners through discussion with parents. Qualitative data were also used to assess the acceptability of the intervention.

Figure 1 Skill acquisition

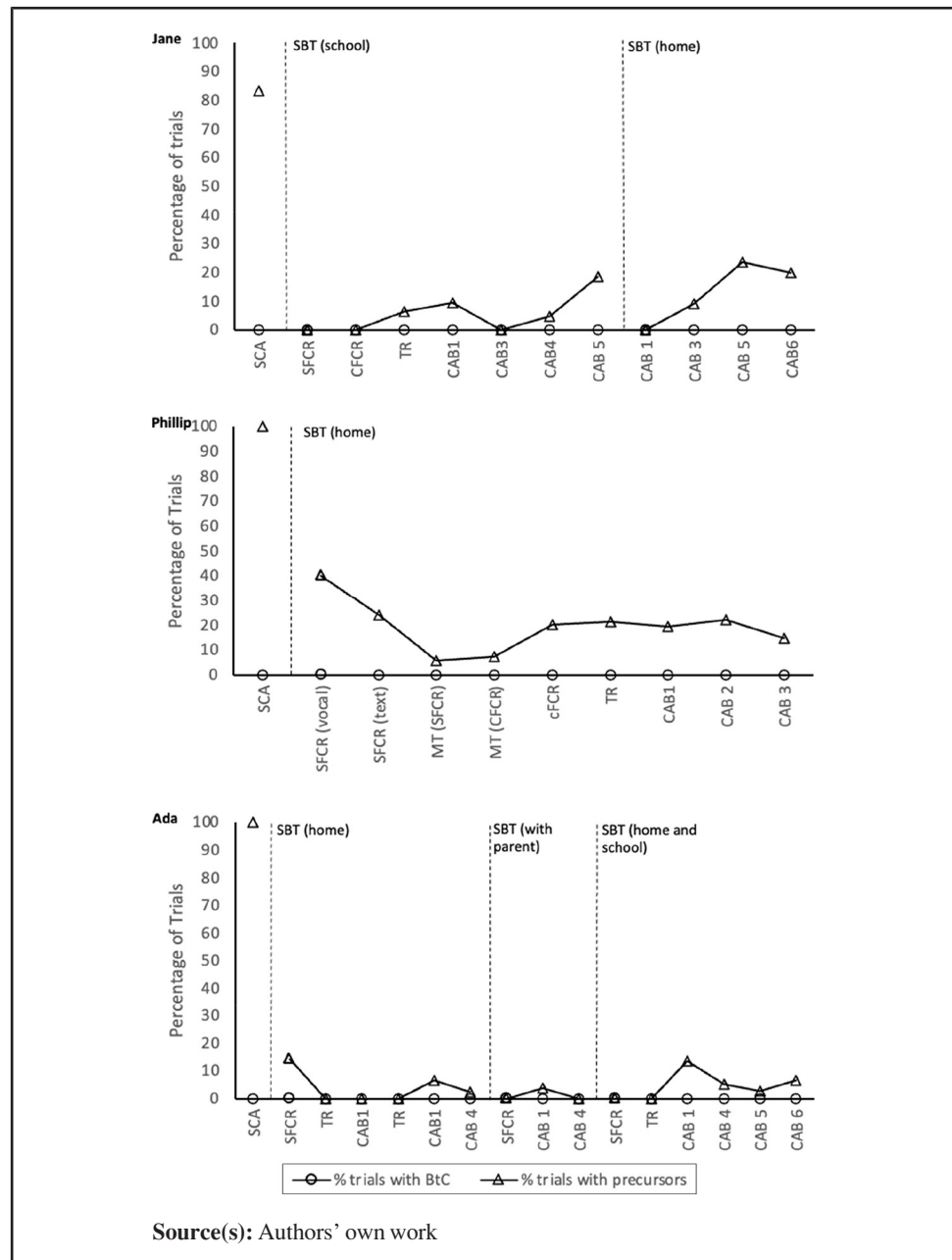


Jane

Pre-implementation. Within the open-ended interview, Jane's parents reported significant challenges at home. Jane's self-injury had escalated to the point where hospital treatment was needed for a suspected broken nose, she had open wounds and bruises on her head and arms, and family life was highly restricted, with any change in routine leading to escalation. Jane required constant and intensive support at home, even requiring someone beside her to hold her iPad as she used it. Parents reflected:

It really hits you when you see those brief moments of happiness, how rarely she's truly happy.

Figure 2 Behaviours that challenge during skills teaching sessions



Post-implementation. Following intervention Jane's ability to cope with new activities or unexpected occurrences improved, with her parents stating that they felt she had developed the skills to *compromise*, even spending short periods alone during the evening, holding her own iPad. The family were able to enjoy holidays together, engage in new and adventurous activities and support Jane to be fitted for earplugs meaning she could go swimming. Jane's parents stated:

The practitioners demonstrated the techniques and were with us every step of the way as we developed the approaches required. These are now part of everyday life; we have a daughter who is much happier, and able to communicate her needs and desires, which makes our family life fun again.

Phillip

Pre-implementation. Within the open-ended interview, Phillip's parent described their life as being entirely focussed upon maintaining calm in the home. They were unable to use the dishwasher, leave the home outside of a highly regimented routine, use the telephone or receive visitors during Phillip's waking day, due to the likelihood these events would result in the occurrence of BtC. Phillip's parent expressed the view that the biggest issue in his life were the school transitions, and that they felt that he would benefit from a residential school placement.

Post-implementation. The intervention for Phillip only progressed to CAB 3. However, there were significant qualitative outcomes reported, including Phillip beginning to tolerate the dishwasher being used following the initial analysis session. Following several teaching sessions, Phillip began to tolerate his parent having visitors to the home once a week, and also began to tolerate his parent leaving the room whilst he was engaged in teaching sessions (something he would not tolerate prior to implementation). This increased flexibility on Phillip's part also meant that for the first time in four years, his parent was able to arrange and host a birthday party for him. Despite the progress of the intervention being limited to CAB 3, it is of note that during teaching sessions, Phillip's parent stated that they felt out of all the professionals involved in Phillip's life, that the practitioners delivering the intervention were the only ones who seemed to genuinely care about him and his family.

Ada

Pre-implementation. Within the open-ended interview Ada's parents highlighted that the BtC were placing Ada, and her family at significant risk. The fear of behavioural escalation led to the family changing their daily life to remove any potential cause of escalation. They reported continuously *walking on eggshells*. Ada's mother reported being unable to leave the room (even to access the toilet). There was a significant risk of educational placement breakdown, and Ada only attended school for 7.5 hours per week.

Post-implementation. Following the onset of the intervention, Ada's family report *feeling safe* at home. They are able to eat meals together and have repaired the visible signs of property damage. Ada is now in school full time, and family members have been able to return to work outside of the home.

Acceptability. In depth interviews regarding acceptability, and social validity, of the intervention were not conducted. However, each of the parents involved in the study communicated broadly that they felt their child was treated with respect, and care, and that the intervention was focussed upon teaching them important skills.

Discussion

Summary of findings

There is a growing number of studies demonstrating the effectiveness of SBT ([Hanley et al., 2014](#); [Jessel et al., 2016, 2018](#); [Coffey et al., 2020](#); [Rajaraman et al., 2021](#)). As the first known study regarding SBT in the UK, this article adds to this growing body of evidence and shows that SBT can be conducted in naturalistic settings, by PBS practitioners. The intervention resulted in the acquisition of new skills relating to communication, tolerance and cooperation, for all three of the participants. From comparing the qualitative descriptions of the participants' engagement in BtC before the study commenced, with the quantitative data collected during the study, the intervention also resulted in a significantly reduced occurrence of BtC. It should be acknowledged that the intervention was not entirely successful for Phillip, although the qualitative outcomes suggest his tolerance and flexibility increased following the onset of the intervention.

Safety

One of the core values of the SBT process is an emphasis on safety (with a particular emphasis on the importance of safety for the supported individual). Sessions began by establishing HRE, something [Hanley \(2020\)](#) describes as *teaching from joy*, which increases both physical and psychological safety for the participants by minimising the likelihood of discomfort, distress and/or the occurrence of BtC. Safety is further supported by a thorough understanding of contingencies maintaining BtC; any signs of discomfort resulted in immediate adaptation to restore HRE.

A mechanism within SBT which maximises safety is ensuring that assent (and the right to withdraw assent) are prioritised at each stage of teaching. This means that the individuals receiving support can opt out of sessions at any time. This approach challenges traditional adult-child power dynamics, as skills teaching progresses entirely at the child's pace, and upon their terms. Maximising self-determination in this way does not appear to negatively impact skill acquisition ([Rajaraman et al., 2021](#)).

Rapport

Another core feature of the SBT process is the development and maintenance of relationships. [Hanley \(2020\)](#) describes "rapport" as a critical prerequisite for meaningful skill development, with teaching emerging naturally from interactions that are enjoyable, free from coercion and anchored in mutual engagement.

One of the most significant demonstrations of relationships in this study came in the form of demonstrated assent. At all times, the young people were able to leave the teaching space, with assent withdrawal respected as a meaningful form of communication, and yet this occurred rarely. Relationship-building was not only observable within teaching sessions, but also in the broader context of the support relationships. Practitioners were welcomed into the homes of all three families, including those of Phillip and Jane for whom unfamiliar visitors had previously been identified as "triggers". That the young people responded positively to the practitioners' presence in their homes, represents a compelling illustration of why a focus upon relationships is key. The shift away from traditional adult/child power dynamics, created a space in which mutual interaction became the focus, and laid the groundwork for the introduction of increasingly complex skills without evoking distress or disengagement. This emphasis on "rapport" underlines the importance of developing relationships within ABA or PBS. As highlighted by [Milton \(2014\)](#) the focus of any intervention used in the support of autistic people, should be upon developing mutuality and reciprocity. Within SBT, relationships are not simply an outcome of the intervention but form an integral part of the process through which support is provided. Practitioners approached the work not simply as instructors, but as guests in the lives of the children and their families, fostering trust and connection. In doing so, the intervention aligned closely with the values underpinning both *today's* ABA and PBS, promoting not only skill development, but also the dignity and autonomy of the individuals receiving support.

Televisibility

Televisibility refers to the extent to which those implementing the intervention would be comfortable with the support they are providing being publicly televised. In many respects, this can be considered as an equivalent term to social validity. Given some of the criticisms of behavioural intervention (e.g. [Anderson, 2022](#); [Quinn, 2025](#)), social validity is an important consideration, and it is vital that practitioners are reflective and listen to the views of the populations they serve ([Hanley, 2020](#); [McTiernan and Bowring, 2024](#)). SBT is a constructional, rather than reductive approach (i.e., it is focussed upon building positive experiences, relationships and skills, rather than upon reducing the occurrence of BtC), that prioritises relationships and self-determination. Although social validity in the current study

was only assessed informally (see limitations), the acceptability of the intervention appeared to be high with the families of the children receiving support.

One element of the overall process that could be questioned with respect to “televisibility” is the inclusion of a functional analysis (referred to as a synthesised contingency analysis). Functional analysis traditionally involves setting up different experimental conditions, to identify which conditions result in the occurrence of BtC. Such a procedure can be questioned from an ethical perspective, as it involves deliberately evoking the occurrence of BtC. The synthesised contingency analysis included within the SBT process, however, differs from traditional functional analyses in several important ways. Firstly, wherever possible, the contingency analysis in SBT is conducted with regard to “warning signs” only. Secondly, the contingency analysis of “warning signs” is approached as part of the teaching process, with the aim of teaching the individual that you are “listening” to them attentively. The occurrence of “warning signs” is honoured as meaningful communication and results in delivery of the HRE condition. This is the start of a “shaping down” process, the intention of which is to empower the learner through showing them that they do not need to escalate to BtC for their needs to be addressed.

The use of language within ABA and PBS

Within *today’s ABA*, there is a welcome focus upon values, and upon listening to, and addressing, the concerns and criticisms that have been raised regarding ABA. A particularly important point is consideration of power dynamics, and how empowerment and self-determination should be embedded within teaching processes. It is not the place of the practitioner to dominate or coerce, rather it is the role of the practitioner to listen to, and empower the person being served ([Hanley, 2020](#)). The language that is used to describe behavioural intervention, and the populations being served, is of importance in this respect, as language reflects power dynamics ([Bowring, 2025](#)), and can perpetuate ableist ideologies ([Bottema-Beutel et al., 2021](#); [Allen et al., 2024](#)). SBT originated in the USA, where ABA is largely financed through medical insurance ([Choi et al., 2020](#)). This can mean that the use of medicalised language is incentivised (if not mandated), which in turn can imply a curative approach ([Allen et al., 2024](#)). The use of the term “treatment”, however, can be questioned. Whereas in the context of SBT, this term refers to the “treatment” of BtC, it remains a term that is unlikely to be well received by neurodiversity advocates ([Allen et al., 2024](#)), despite the values and process of SBT being reflective of a social model view of disability ([Oliver, 2013](#)). It is suggested therefore, that in the UK particularly, an alternate term should be considered when describing this intervention (e.g. “Skills-Based Support”).

More broadly, the use of technical or unfamiliar language within both ABA and PBS has been raised on numerous occasions, and this can hinder collaboration, dissemination and engagement with different stakeholder groups ([Friman, 2021](#)). One simple example within PBS is the use of the term “rapport” over “relationship-building”. Whereas the importance of relationship-building has long been recognised within behavioural science (e.g. [McLaughlin and Carr, 2005](#)), the use of the term “rapport” potentially obscures a key process and outcome of behavioural intervention. The warm relationships that support mutual learning and behaviour change, need to be emphasised and celebrated within research regarding PBS, and not hidden behind terminology that is rarely used outside of behavioural science.

Limitations

There were several limitations in the present study. Due to the practical nature of the research, it was not possible to use an experimental design which may have allowed the demonstration of a functional relationship between the intervention, and corresponding changes in behaviour. Furthermore, the qualitative data, including data regarding acceptability, were collected through informal interviews, meaning that the views of

participating families were not explored in great depth. Quantitative data regarding BtC were only collected during teaching sessions, meaning that the effect of the intervention on this variable outside of these sessions, was only assessed qualitatively. Finally, the main focus of the article was acceptability, and in places the article lacks sufficient detail to allow replication (e.g. exactly what tasks and activities were addressed as skills-teaching goals for each individual participant). This should be considered within future research regarding SBT in the UK.

Directions for future research

Research demonstrates that SBT can produce meaningful, socially valid outcomes for autistic children (Hanley *et al.*, 2014; Jessel *et al.*, 2016, 2018; Rajaraman *et al.*, 2021), but there is a lack of studies regarding its use in the UK. Future work could assess its utility in different UK contexts, including schools, adult services and across populations. There is a need to consider the acceptability of behavioural intervention with the populations being served (i.e., the autism community), and it would be beneficial to conduct research regarding SBT which includes the perspective of autistic people. Finally, technical language used within ABA and PBS can hinder dissemination (Friman, 2021). It would be beneficial for future research to consider consistent terms that can be used to describe behavioural concepts that are understandable to broader audiences.

Conclusion

SBT can be implemented in naturalistic environments, on a peripatetic basis, and produce meaningful outcomes for autistic children with co-occurring intellectual disabilities and their families.

Funding

No funding was received to conduct this research.

References

- Allen, L.L., Mellon, L.S., Syed, N., Johnson, J.F. and Bernal, A.J. (2024), "Neurodiversity-affirming applied behavior analysis", *Behavior Analysis in Practice*, doi: [10.1007/s40617-024-00918-0](https://doi.org/10.1007/s40617-024-00918-0).
- Anderson, L.K. (2022), "Autistic experiences of applied behavior analysis", *Autism*, Vol. 27 No. 3, pp. 1-14.
- Bottema-Beutel, K., Kapp, S.K., Lester, J.N., Sasson, N.J. and Hand, B.N. (2021), "Avoiding ableist language: suggestions for autism researchers", *Autism in Adulthood*, Vol. 3 No. 1, doi: [10.1089/aut.2020.0014](https://doi.org/10.1089/aut.2020.0014).
- Bowring (2025), "Autistic radio's 'ABA-PBS-behaviourism: the big autism conversation' – an interview", *International Journal of Positive Behavioural Support*, Vol. 15 No. 1, pp. 45-51.
- Bowring, D.L., Painter, J. and Hastings, R.P. (2019), "Prevalence of challenging behaviour in adults with intellectual disabilities: correlates and association with mental health", *Current Developmental Disorders Reports*, Vol. 6 No. 4, pp. 179-188.
- Chan, J., Arnold, S., Webber, L., Riches, V., Parmenter, T. and Stancliffe, R. (2012), "Is it time to drop the term 'challenging behaviour'? Why the phrase 'behaviour of concern' should be adopted to highlight the proper response of support staff", *Learning Disability Practice*, Vol. 15 No. 5, pp. 36-38.
- Choi, K.R., Knight, E.A., Stein, B.D., *et al.* (2020), "Autism insurance mandates in the US: comparison of mandated commercial insurance benefits across states", *Maternal and Child Health Journal*, Vol. 24, pp. 894-900, doi: [10.1007/s10995-020-02950-2](https://doi.org/10.1007/s10995-020-02950-2).
- Coffey, A.L., Shawler, L.A., Jessel, J., Nye, M.L., Bain, T.A. and Dorsey, M.F. (2020), "Interview-informed synthesized contingency analysis (IISCA): novel interpretations and future directions", *Behavior Analysis in Practice*, Vol. 13 No. 1, pp. 217-225, doi: [10.1007/s40617-019-00348-3](https://doi.org/10.1007/s40617-019-00348-3).

- Corcoran, J., Berry, A. and Hill, S. (2015), "The lived experience of US parents of children with autism spectrum disorders: a systematic review and meta-synthesis", *Journal of Intellectual Disabilities*, Vol. 19 No. 4, pp. 356-366.
- Denne, L.D., Gore, N.J., Hughes, J.C., Toogood, S., Jones, E. and Brown, F.J. (2020), "Implementing evidence-based practice: the challenge of delivering what works for people with learning disabilities at risk of behaviours that challenge", *Tizard Learning Disability Review*, Vol. 25 No. 3, pp. 133-143.
- Department of Health (2014), "Positive and proactive care: reducing the need for restrictive interventions", Department of Health, London.
- Friman, P.C. (2021), "There is no such thing as a bad boy: the circumstances view of problem behavior", *Journal of Applied Behavior Analysis*, Vol. 54 No. 2, pp. 636-653, doi: [10.1002/jaba.816](https://doi.org/10.1002/jaba.816).
- Griffith, G.M., Fletcher, R. and Hastings, R.P. (2012), "A national UK census of applied behavior analysis school provision for children with autism", *Research in Autism Spectrum Disorders*, Vol. 6 No. 2, pp. 798-805.
- Hanley, G. (2020), "A perspective on today's ABA from Dr Hanley", available at: <https://practicalfunctionalassessment.com/2021/09/09/a-perspective-on-todays-aba-by-dr-greg-hanley/>
- Hanley, G.P., Jin, C.S., Vanselow, N.R. and Hanratty, L.A. (2014), "Producing meaningful improvements in problem behavior of children with autism via synthesized analyses and treatments", *Journal of Applied Behavior Analysis*, Vol. 47, pp. 16-36.
- Her Majesty's Government (2019), *Reducing the Need for Restraint and Restrictive Intervention*, Her Majesty's Government, London.
- Jessel, J., Hanley, G.P. and Ghaemmaghami, M. (2016), "Interview-informed synthesized contingency analyses: thirty replications and reanalysis", *Journal of Applied Behavior Analysis*, Vol. 49, pp. 576-595.
- Jessel, J., Ingvarsson, E.T., Metras, R., Kirk, H. and Whipple, R. (2018), "Achieving socially significant reductions in problem behavior following the interview-informed synthesized contingency analysis: a summary of 25 outpatient applications", *Journal of Applied Behavior Analysis*, Vol. 51 No. 1, pp. 130-157, doi: [10.1002/jaba.436](https://doi.org/10.1002/jaba.436).
- McLaughlin, D.M. and Carr, E.G. (2005), "Quality of rapport as a setting event for problem behavior: assessment and intervention", *Journal of Positive Behavior Interventions*, Vol. 7 No. 2, pp. 68-91, doi: [10.1177/10983007050070020401](https://doi.org/10.1177/10983007050070020401).
- McTiernan, A. and Bowring, D. (2024), "The evolution of values in the science of behaviour analysis: a discussion paper", *International Journal of Positive Behavioural Support*, Vol. 14 No. 1, pp. 42-51.
- Milton, D. (2014), "So what exactly are autism interventions intervening with?", *Good Autism Practice*, Vol. 15 No. 2, pp. 6-14.
- Oliver, M. (2013), "The social model of disability: thirty years on", *Journal of Disability and Society*, Vol. 28 No. 7, pp. 1024-1026.
- Quinn, A. (2025), "Relationships of concern: the perils of the progress paradox in positive behavioural support", *International Journal of Positive Behavioural Support*, Vol. 15 No. 1, pp. 35-44.
- Rajaraman, A., Hanley, G.P., Gover, H.C., Staubitz, J.L., Staubitz, J.E., Simcoe, K.M. and Metras, R. (2021), "Minimizing escalation by treating dangerous problem behavior within an enhanced choice model", *Behavior Analysis in Practice*, Vol. 15 No. 1, pp. 219-242.
- UK-SBA (2024), "Code of ethical and professional conduct", available at: https://uk-ba.org/wp-content/uploads/2024/05/UK-SBA-Code-of-Ethical-and-Professional-Conduct-Mar-2024_v4.pdf (accessed 7 August 2025).

Corresponding author

Huw Price can be contacted at: hprice@pbsuk.org

For instructions on how to order reprints of this article, please visit our website:

www.emeraldgroupublishing.com/licensing/reprints.htm

Or contact us for further details: permissions@emeraldinsight.com