

# Four Corners ABA Schedule

## Eleventh Annual Convention

March 29<sup>th</sup> & 30<sup>th</sup> in Santa Fe, New Mexico

### Friday, March 29<sup>th</sup>

7:30-8:30 AM Check-in and on-site registration

8:00-8:30 AM Continental Breakfast

8:30-8:45 AM Opening Remarks  
Anthony DeFulio, President

8:45-9:45AM **Heather McGee** (Western Michigan University)  
Beyond BST: Comprehensive Instructional Design for Better  
Training Results

Many ABA practitioners, and most BCBA's, will find themselves responsible for training employees/supervisees at some point in their career. Some will find that training and supervision make up the majority of their job responsibilities. Yet, most BCBA's have not received formal training or education in either of these areas. This presentation will focus on training and will introduce two well established training models, ADDIE and BST, along with behavior analytic instructional design concepts, to provide attendees with a process for designing and delivering effective staff training. Additionally, common training pitfalls and how to avoid them will be discussed. Finally, an essential training and instructional design resource list will be provided so that attendees can continue to develop their training and instructional design repertoires once back on the job.

10:00-11:00AM **Matthew Bell** (Santa Clara University)  
Clickers and Tokens and Praise: Good Job! Translating Conditioned  
Reinforcement.

Conditioned reinforcement has a long history in behavior analysis that often appears to be merely a question answered. In practice, conditioned reinforcers seem simple, useful tools that can help manage behavior. Dig deeper and you will find difficult problems arise. When you train a stimulus to function as a conditioned reinforcer what, exactly, is being learned? How long will it work? How is it different from a primary reinforcer? Is it strengthening responding? Studying these questions reveals deep issues that challenge core behavior analytic theory. Through a select review of the conditioned reinforcement literature, I make the case that this is

but one example where many take the construct as established fact even though critical theoretical issues are far from settled (and yet understudied). These issues a) have important implications for the translation of basic to applied research and b) should inform how we train future behavior analysts.

11:15AM-12:15PM **Sarah Lechago** (University of Houston – Clear Lake)  
Teaching Your Learner with Autism Spectrum Disorder to Mand for Information

Mands for information are a type of mand that specify information as the reinforcer. Like other mands, they offer benefits to the speaker such as accessing needed and desired items, experiences, or activities (Sundberg & Michael, 2002). Mands for information are ubiquitous in an average speaker's daily life and contribute, among other things, to the expansion of verbal repertoires, navigation of the speaker's environment, and are critical to social and academic success. There are unique challenges associated with teaching individuals with Autism Spectrum Disorder (ASD) to mand for information. This presentation will highlight key research literature in this area, and important points to consider in contriving the motivating operation when teaching mands for information to individuals with ASD.

12:15-1:45PM Lunch (not included)

1:45-2:45PM **Kathryn Peterson** (Monroe Meyer Institute, University of Nebraska Medical Center)  
Recent Advancements in the Treatment of Food Selectivity in Children with Autism Spectrum Disorder

Many children with autism spectrum disorder (ASD) have feeding difficulties, namely food selectivity (i.e., consumption of a limited variety of foods by type or texture). Food selectivity inevitably leads to insufficient nutrition, which is associated with health, learning, and behavior problems. If left untreated, children with food selectivity also may suffer from weight gain, constipation, poor dental health, or other obesity-related illnesses (e.g., Type II diabetes). Currently, treatments for pediatric feeding disorders based on ABA research have the most empirical support (Volkert & Piazza, 2012). However, there are not as many studies demonstrating the effectiveness of ABA in the treatment of food selectivity in children with ASD. In the current presentation, I will review recent research we have conducted evaluating ABA treatments for food selectivity in children with ASD. In study one, we compared ABA treatment to a wait-list control group and in study two, we compared ABA treatment to a commonly used treatment that does not have any empirical support, referred to as the Sequential Oral Sensory approach. I will finish the presentation with recommendations for future directions.

3:00-4:00PM

**Kimberly Kirkpatrick** and Catherine Steele (Kansas State University)  
Adventures in Translational Research

Impulsive choices involve choosing a smaller reward available sooner when the larger-later reward is more optimal. Impulsive choice is a stable, but modifiable trait that is related to a wide range of diseases and disorders. Time-based interventions have been developed to promote self-control and have proven to be both durable and generalizable, suggesting that they are modifying general choice behavior. In addition, these interventions have been shown to promote timing, which is a key potential process that may guide choice behavior. There are some limited studies in humans with these interventions, but the mechanisms are not well understood. We sought to develop real-time choice tasks that would closely mimic the tasks received by rats, to translate the interventions and test their efficacy in modifying behavior on the choice tasks and improving timing of the delays. We successfully translated the choice procedure. While the intervention produced some improvements in timing, it did not alter self-control. Future plans for improving translational efforts will be discussed.

4:15-5:15PM

**Kenneth Silverman** (Johns Hopkins University School of Medicine)  
Application of Operant Conditioning to Address the Poverty-Related Health Disparities

Poverty is a pervasive risk factor underlying poor health, including drug addiction and HIV. This presentation will review research on the utility of operant conditioning to address the interrelated problems of poverty, drug addiction, and HIV. Our research has shown that operant reinforcement using financial incentives can promote abstinence from cocaine and heroin in low-income adults with long histories of drug addiction and adherence to antiretroviral medications in low-income adults living with HIV. Our research has also shown that financial incentives are most effective when high-magnitude incentives are used, and that long-duration abstinence reinforcement can serve as an effective maintenance intervention. The utility of operant conditioning to promote behaviors needed to escape poverty is less clear, but research on an operant employment-based intervention called the therapeutic workplace shows some promise. In the therapeutic workplace, low-income or unemployed adults are hired and paid to work. To promote drug abstinence and/or medication adherence, employment-based reinforcement is arranged in which participants are required to provide drug-free urine samples and/or take prescribed medication to maintain access to the workplace and maximum pay. Because many low-income adults lack skills needed for gainful employment, the therapeutic workplace offers job-skills training and employment phases through which participants progress sequentially. Our research has shown that employment-based reinforcement within the therapeutic workplace can promote and maintain drug abstinence, medication adherence, work, and other adaptive behaviors that people need to move out of poverty. The therapeutic workplace could serve as a model anti-poverty program, particularly for people with histories

of drug addiction or other health problems, although more research on the therapeutic workplace is needed that targets poverty directly.

5:30-6:45 PM          4cABA Business Meeting

6:45-8:00 PM          Dinner (not included)

8:00- 10:00 PM        Poster Session (cash bar available)

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## Eleventh Annual Convention

March 29<sup>th</sup> & 30<sup>th</sup> in Santa Fe, New Mexico

### Saturday, March 30<sup>th</sup>

- 7:45-8:15 AM Check-in and on-site registration
- 7:45-8:15 AM Continental Breakfast
- 8:15-8:30 AM Opening Remarks  
Zach Maple, President Elect
- 8:30-9:30 AM **Patrick M. Ghezzi** (University of Nevada, Reno)  
Referential Behavior

What precisely happens when one speaks? We shall take aim at this perennial question from the point of view provided by J. R. Kantor's analysis of referential behavior and interaction. A brief intellectual history of the analysis and a small sample of research with remarkable implications for social skills training will round out the presentation.

- 9:45-10:45 AM **Rich Mancil** (Southern Psychological and Behavioral Services)  
The Importance of Social Validity: The What, How, and Why

Social validity is an important, but often forgotten aspect of providing treatment to individuals or included as an afterthought. Montrose Wolf was one of the earliest and continuous supporters for the need of social validity (1976) and for its subjective measurement. However, despite his and others persistence for social validation measurement, we continue as a field to struggle with the concept and its implementation. Perhaps one reason for this struggle is there are two things of interest including consumer satisfaction and habilitative validation (Hawkins, 1991). The purpose of this presentation is to (a) briefly discuss the importance of social validity, (b) describe the difference between consumer satisfaction and habilitative validation and (c) provide examples of how to measure each type.

- 11:00AM-12:00PM **Kevin Vowles** (University of New Mexico)  
Dixie Eastridge Memorial Speaker  
Pain Willingness and Commitment to Valued Living in Chronic Pain

Behavioral treatments for chronic pain have amassed an impressive and progressive record of success. As with any area of clinical science, challenges and shortcomings have also been identified. These include difficulties in maintaining clinical effectiveness from clinical trials into

large scale implementation efforts, unclear identification of specific intervention components that are clearly linked to improved adaptive outcomes, and lack of clarity with regard to the necessary and active ingredients of effective treatment. Overall, these problems highlight the practical difficulty of translating research into practice. They also helpfully illuminate several potential avenues for improvement, including the need for: (1) a precise delineation of what constitutes treatment success and differentiates it from treatment failure, (2) lucidity in the specification of processes by which treatment is hypothesized to work followed by explicit tests of these hypotheses, and (3) methods to promote the generalization and continuance of within-treatment adaptive behavioral changes to the non-treatment environment. This presentation will describe Acceptance and Commitment Therapy (ACT) as one potential model that can aid in helpfully progressing down these avenues. In particular, the potential for augmenting patient behavior that displays an open, accepting, and non-struggling response to pain will be highlighted, as this area perhaps differs most markedly from other approaches where a primary focus may be on better management of pain and distress. Furthermore, the importance of identifying important and meaningful areas of living to pursue with pain present will be evaluated, as this has the potential to naturally promote generalization and longevity of treatment gains. Based on the data presented, it seems feasible for individuals with complex and potentially disabling pain to respond to that pain with acceptance and willingness, choose important areas of living that are of personal relevance, and take effective action to improve quality of life. Importantly, these responses are possible when pain is low, but crucially also when pain is elevated or even at its maximum.

### **Post-Conference Workshop**

12:15-12:30 PM      Check-in and on-site registration

12:30-12:45 PM      Workshop introduction

12:45-5:45 PM      **Kathryn Peterson** (Monroe Meyer Institute, University of Nebraska Medical Center)

#### **Guidelines and Recommendations for Effective Treatment of Pediatric Feeding Disorders**

Up to 25% of children who are typically developing and 80% of children with autism spectrum disorder (ASD) have feeding difficulties. We identify a feeding disorder when a child fails to consume sufficient quantity or variety to sustain adequate growth and nutrition. Food refusal is often associated with reliance on supplemental nutrition (e.g., gastrostomy tubes) while food selectivity inevitably leads to inadequate dietary intake, which is associated with learning and behavior problems. If left untreated, children with feeding disorders may suffer from significant weight loss, malnutrition, or other health problems (e.g., constipation, Type II diabetes). Currently, treatments for pediatric feeding disorders based on ABA research have the most

empirical support (Volkert & Piazza, 2012). However, there are a limited number of clinics and professionals in the country that specialize in the behavioral treatment of pediatric feeding disorders. In the current presentation, I will review general information on feeding disorders, current standards of practice, methods for the effective assessment and treatment of feeding difficulties, and some newer research on effective treatments for food selectivity.

Objectives:

Participants will:

1. Participants will identify the criteria used to diagnose a pediatric feeding disorder.
2. Participants will identify and describe the behavior-analytic treatment with the most empirical support in the literature.
3. Participants will identify at least 3 antecedent strategies that could be used for treatment of pediatric feeding disorders.
4. Participants will identify members of an interdisciplinary team that should be included in assessment and ongoing monitoring of children with feeding disorders during treatment.
5. Participants will identify ways in which to define and collect data on important dependent measures during feeding treatment.