

7. If Sue should hit us as we attempted to engage her, we would protect ourselves by blocking the hits, but no outward attention would be given to the behaviour. We would continue to interact and resume the value-giving, the touches, and the praise with the activity;
8. It was not enough only to give value to Sue, it was important that she learn to reciprocate value to us. Interactions needed to be mutually rewarding. Therefore, gestures such as handshakes and "high fives" would be solicited from Sue periodically throughout the activity;
9. The room arrangement would be altered to cut down on places where Sue could get away from us, and to decrease the number of opportunities to escape interaction. We hoped that by altering the physical layout of the room we would increase the chances of interaction.

The main objectives were decided upon, based on all of the above strategies. Complex tasks which required a great deal of attention were simplified, as the attention required to complete these tasks precluded interaction between Sue and the person working with her. The rate and the animation of the praise given needed to be increased, to impress the message that she was safe and secure with us. The words spoken to her were to give her reason to look at us and anticipate our next action, which would keep the momentum of the interaction going. As previously mentioned, we had to arrange the classroom in a more organized fashion. Unused materials needed to be put away, the furniture needed to be arranged to inhibit her climbing, and we had to pay attention to her tendency to run out of the room.

These strategies were to enable caregivers to interact with Sue and avoid punishing her. They are not new strategies; they are time-tested approaches that have been used by caregivers for years.

The new approaches were tested and the group felt that they had accomplished what they had set out to do. They were