

# Chapter 4

## *Some Areas of Effective Application*

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**Prologue** Ken, a 7 year old boy, has Attention Deficit Hyperactivity Disorder (ADHD). He leaves the table or kicks his sister during dinner at home. He also is leaving his desk at school. In order to change his behaviours, his parents and teacher gave him reinforcements (playing games, TV, dessert) to choose from IF he followed the rules. This technique seemed to improve his behaviour.

## Parenting and Parent–Child Relationships

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A 4 year-old child name Tim wants some candy while shopping with his mother. When he begins to behave rudely, his mother has one of two options to stop his actions. A) calmly explain that he will not be getting the candy and his behaviour is unacceptable or B) use aggressive means to shut him up. Option B) may start a *coercive pattern* in the family and interactions. We need to acquire skills to promote constructive family environments.

### TRAINING IN GENERAL PARENTING SKILLS

- If you teach parents behaviour analysis skills, it will change their behaviour which, in turn, improve their children's behaviour.
  - Research show's that parent who are given this training, are able to deal with various child-rearing concerns. i.e. stop watching TV, doing chores, etc
- Modelling and discussion are useful methods to teach parents behaviour changing skills.
  - The mothers of 3-5 year olds were trained 2 hours a week for 4 weeks. They watched video clips of other parents portraying positive or negative social behaviours towards their children. Discussions followed.
    - Improved mother-child relationships immediately and persisted when checked a year later

### CORRECTING A CHILD'S EXISTING DIFFICULTIES

- Occurs when a parent postpones getting help until the child's behaviour becomes a problem. We will discuss two such problem: **Oppositional Behaviour** and **Bed-wetting**.
- **Oppositional Behaviour** refers to acting in a hostile or contrary manner (arguing, fighting, ignoring rules etc)
  - 4 year old Eddie always ignores his parents request. In a 20 min play session between Eddie and his mom, Eddie showed 200 oppositional responses and 30 cooperative ones. His mom disapproved the negative behaviour but did **not** reinforce the positives ones. After training the mother to respond kindly to good acts (smile enthusiastically) and punish the bad ones (isolate him in a room), Eddie's behaviour improved.
- Applying these techniques are home are broad and durable. (i.e. Good behaviour continues in public as well)
- **Bed-wetting** (nocturnal enuresis) is when a 5+ year old wets the bed at least twice a month
  - This problem stems from not being able to respond to the bladder tension (antecedent) and awakening
  - **Urine alarm apparatus** is an approach where a special sheet is used to trigger a loud bell, whenever it detects liquid (urine). The bell wakes up a child. This technique uses both respondent and operant conditioning components.
    - Operant: punishing the child by waking them up with the bell; reinforcing the child if they did not pee
    - Respondent: the bladder tension (CS) used to be neutral but now causes the child to wake up (CS)
  - Another method used (operant) is when the parent periodically wakes the child up at night and checks the bed. Reinforcement is given when it is dry, but the child needs to clean, change PJs, and make the bed when the it is wet.
  - Both techniques together work better than individually.

## Education

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### ENHANCING INSTRUCTIONAL METHODS

- Computers are being used as a method of teaching. (kindergarteners how to spell sounds or syllables)
- **Programmed Instruction** is a self-teaching process in which students actively learn material presented step-by-step as a series of discrete times with corrective feedback.

- **Computer-Assisted Instruction (CAI)** uses a computer to coach students through a series of lessons, like a human tutor might do. (i.e. examples, questions, feedback).
  - Modern technology allows these to become more *interactive*
- **Personalized System of Instruction (PSI)** divides the content into units (modules) and tests each student individually on modules. They must pass with high scores (80%) before they can move on.
  - Sometimes advanced students tutor the other students. This method is proven to be effective.

## IMPROVING CLASSROOM CONDUCT

- A group of kindergarteners' on-task behaviours was observed. It was noted that the antecedents, vigorous play periods before an activity and crowds in an activity, lower a students on-task behaviours.
- Consequences such as punishing or ignoring bad behaviour, and encouraging and reinforcing good behaviour improved students' behaviour.
- Teachers' who are trained in using behaviour changing principles have better classroom environments and their students excel academically.

## Instruction for People With Developmental Disabilities

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**Developmental Disability** is referred to people with mental retardation or autism (in this book). They have a great difficulty in learning almost all skills: motor, cognitive, language and social.

## TRAINING PEOPLE WITH MENTAL RETARDATION

- Defined as people with subaverage intellectual functioning and deficiencies in adaptive behaviour.
  - Recently people are classified as retards by their IQ (intelligence quotient) and clinical judgement
  - **Normal** IQ average is 100
  - 53-69 **Mild** the majority fall into this group (85%).
    - They are called educable because they can go to special ed. and are at a 6th grade level
  - 38-52 **Moderate** 10% fall in here.
    - They are called trainable, have poor motor skills and are at a 2nd grade level
  - 22-37 **Sever**
    - They can learn simple tasks (usually have physical handicaps).
    - They depend on other through out their lives, but can learn personal hygiene and self-help skills
  - < 22 **Profound**
    - They usually have sever physical deformities and require lifelong care. (have shore life spans )
- Can arise from either brain damage or by environmental deprivation (dysfunctional home)
- Behaviour analysts have to break down tasks, train and monitor each student careful to achieve results.
  - Adult mothers' with mental retardation can be trained to care for their baby (clean, bate, change diaper)

## TRAINING CHILDREN WITH AUTISM

- Defined as a developmental disorder characterized by an early onset, severe deficits in social and language behaviours and excesses in disruptive and attentive behaviours.
  - Children learn slowly and with great difficulty. Tasks must be presented many many times. Immediate feedback is necessary.
  - Sam (from pg. 70's case study) began his training by making eye contact with the teacher
    - Responses that we're closer to "eye contact" got rewards. He eventually learned.
  - Children with autism exhibit **behavioural excess** (rocking back and forth is a form of **repetitive/ritualistic behaviours / self-stimulation**) which must be reduced to make treatment accessible.
    - Another behavioural excess may be **self-injurious behaviour** where they harm themselves.
    - One more is **echolalia** where they repeat what is said to them.
- **Model Intervention for Children with Autism**
  - Stage 1: Establishes a teaching relationship - 2-4 weeks
  - Stage 2: Teaches foundation skills - 1-4 month
  - Stage 3: Focuses on simple communication skills - 6+ months
  - Stage 4: Expands communication skills and begins peer interaction - 1 year
  - Stage 5: Promotes advanced communication and adjustment to school - 1 year

## Health and Sports

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### HEALTH PSYCHOLOGY

- **Biopsychosocial model** Health and illness result from the interplay of biological, psychological, and social aspects of life.
- **Health Psychology** is a field of psychology that examines the causes of illness and ways to promote and maintain health, prevent and treat illness, and improve health-care systems.
  - A reinforcement of vouchers / money is given to people who can stop smoking (reinforcement)
  - Programs are made for people to become more active and fit
  - Reducing risk of nurses getting HIV by instructing and rewarding them when wearing gloves.
    - Has to be done periodically because effects fade over time
- Some people don't follow the doctors medical advice.
  - They use reminders (alarms etc) to help them remember to take their medication or activity
- To stop anxiety for children who are going in for surgery a study was done.
  - Group A: showed them a film of a boy in the country - were still anxious and recovered slower after
  - Group B: showed them a film of a boy in the hospital - less anxious and recovered faster after surgery

### SPORT PSYCHOLOGY

- Is a discipline that examines relationships between psychological factors and athletic activities and skill.
- Coaches should give feedback on specific skills and praise for good performance to improve skills
  - proven to be true in martial arts and basketball

## Employment and Community Settings

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**Organizational Behaviour Management** focuses on changing the behaviour by altering its antecedents and consequences and by teaching new actions through instructions and modeling. This can reduce thefts, tardiness, and increase behaviour that will decrease accidents (toxic environments)

## Self-Management: Changing One's Own Behaviour

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### BENEFITS OF SELF-MANAGEMENT

- We can strengthen two general abilities:
  - **Self control** is the ability to exercise restraint over our emotions, impulses or desires.
    - Resist temptation or delay gratification
  - **Self regulation** is the ability to direct and modulate our actions and behave appropriately even when our actions are not being monitored

### SELF-MANAGEMENT FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

- Efforts are being made to train children with developmental disabilities in skills to self manage their own behaviour under parental supervision.