

Application Plan 2: Reinforcement

PSYC 530

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Reinforcement

Reinforcement is an essential concept in Applied Behavior Analysis (ABA) and plays a critical role in the learning process in the ABA sessions. There are two types of reinforcement: positive and negative reinforcement. Both positive and negative reinforcement will increase the future likelihood of a response. Positive reinforcement is the stimulus presented contingent on a response. For children with autism spectrum disorder (ASD), examples of positive reinforcement can be preferred toys, food (e.g., snacks); some kids also will be motivated by the positive social reinforcement, such as adults' attention (e.g., a warming hug) or praise. Negative reinforcement is taking away a stimulus contingent on a response. For the kids with ASD, negative reinforcement could be removal of aversive foods (e.g., vegetables), assignments; walking away from a noisy crowd is a negative social reinforcement for the individual with social anxiety disorder.

The motivation in the scenario will evaluate the effectiveness of reinforcement. For example, after a marathon race, the athletes will be very thirsty and want to get a bottle of water immediately; water works as a positive reinforcement in this case, and the motivation to get the water is high. Positive reinforcement can be beneficial when teaching a kid with ASD a new

skill. What's more, if it occurs immediately after a response, the effectiveness of the positive reinforcement will be boosted. Generally, reinforcement will be given in varied schedules to increase and maintain the probability of the target behaviors, such as a fixed ratio or variable interval schedule.

Here is an example of positive social reinforcement. One of my clients is a 5-year-old boy who was diagnosed with ASD a year ago. He would be compliant and had excellent social interaction with me as long as his grandmother sat inside the clinical room with him. Whenever his grandma decided to leave the clinical room, he would scream, cry, and try to escape to find his grandmother. This made his ABA sessions, kindergarten activities, and routine daily tasks at home (for example, caregivers go to grocery stores) challenging for his therapists, teachers, and grandma. Staying in the room without caregivers is an essential ability that prepares the children to go to school, or hanging out with friends.

Therefore, our team tried to use the shaping strategy with reinforcement to increase the duration of time that he could stay independently with other adults (instead of his grandmother) and engage in the school activities or leisure time himself. We used his grandmother's attention as a positive social reinforcement in the session. Each period that he was able to stay inside the clinical independently with the RBT for a target duration of time, he was allowed to find his grandmother to get a warming hug or kiss for 2 minutes; if he could not stay for the allotted time, his elopement would be blocked. The duration of time was gradually increased based on his performance and resistance.

When the client remained calm without his grandmother sitting inside the clinical room, or he did not exhibit maladaptive behaviors, he was reinforced by his grandma coming to join him in the activity or hugging him after two months of training. In the beginning, his establishing operation (EO) is extremely high, so he could only stay for 10 seconds. Gradually, he learned that the only way that he was allowed to reach the positive social reinforcement was to wait patiently, so he started to enjoy the activities with me. The individuals who can not stay alone without caregivers will struggle when hanging out with friends in the future, and this can also reduce further skill acquisition with other educators. After the training, he is now studying in a primary school. He can stay independently with teachers and classmates and enjoys independent leisure time when his grandmother goes to the grocery stores. Therefore, it is socially significant to teach using reinforcement.