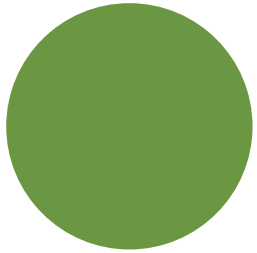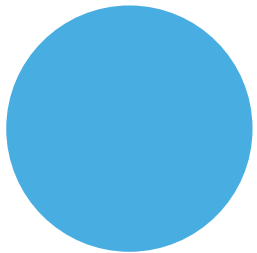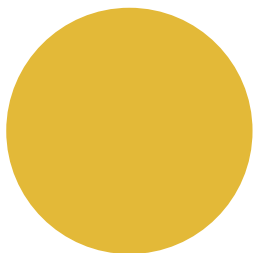# An Introduction to Skill Based Treatment

Registrants must do the following:

1. Enter the meeting room within 5 minutes of the event start time. **You must log in individually on your own device.**

2. Remain in the meeting room until the presenters indicate the official event has concluded.

3. Only registrants that meet requirements of #1 and 2 above will be provided with a survey form. This will be provided within two full business days after conclusion of the event. Follow instructions on the form to complete it.

There will be no exceptions made to the requirements above. We can only provide continuing education/certificate of attendance for synchronous attendance for this event.

This training aims to provide an overview of the SBT process, which will include:

1. Provide a recap of the PFA training

2. Explanation of FCR (functional communication response) and TR (tolerance response)

3. Discussion of CAB (contextually appropriate behavior) branches and how to determine what skills to teach

4. Explanation of CAB1 through CAB6

5. Variations of the process and troubleshooting.

6. Review of data collection and graphing options

Important to Note

- The purpose of this event is to provide a knowledge share of the SBT process. In no way are we asking people to change how they practice. It is meant to be a learning opportunity!

- This process has been updated and improved over time. We are presenting the process as we were trained. Note that some of the terms we use may have changed.

- SBT can be a flexible process. We will present some variations of the process throughout the training but there may be other variations and extensions that exist outside of what we will be presenting today.

Skill Based Treatment (SBT; Hanley et al., 2014) is a function based, multicomponent treatment process designed to help effectively treat severe problem behavior.

DBHDS
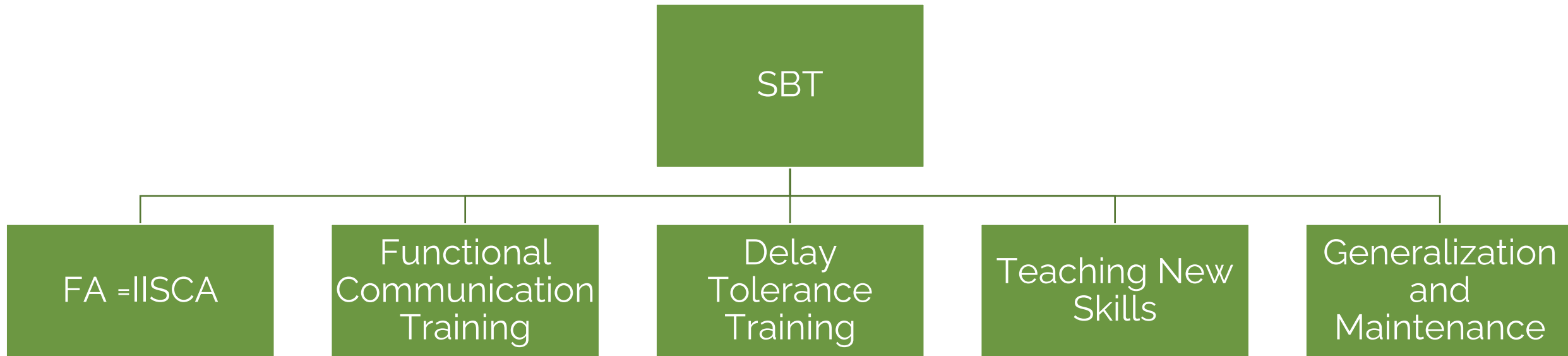
- Make sure you and/or supporters have built rapport

- Supporter/Caregiver considerations

- Consider the location of where treatment will be provided

- Decide on who is going to be implementing the treatment

- Contemplate the e.g., of hours for direct, training, and supervision

- Make it clear to team members the plan outside of sessions

- Are there any other foreseeable issues (e.g. medical conditions)

Functional Assessment

PFA: Open-Ended Interview and IISCA

High assent, engagement, + safety, strong functional control, using personalized, synthesized and natural contingencies

FCT

FCT

Shape levels of communication (including recruiting attention and waiting for a listener)

Tolerance Response Training

Tolerance Response Training

Shape calm responding to hearing *no* or *not right now*

CAB 1-2: Relinquish, Transition

Shape levels of stopping, relinquishing, transitioning, and showing readiness for further expectations

CAB 3: A Little Cooperation

Shape cooperation with a few units of instruction / expectation

CAB 4: Competent Cooperation

Shape cooperation, establish independence as appropriate

Delay Tolerance Training (Schedule Thinning)

CAB 5: Enduring

Shape longer durations of cooperation

CAB 6: Persevering

Shape durations of cooperation while being challenged

An Introduction to Skill Based Treatment

Visual was adapted from Landa, R. (2022)

How many of you attended the intro to PFA we did in November?

A. I did

B. I watched the recording

C. I did not attend or watch the recording

Functional Assessment

PFA: Open-Ended Interview and IISCA

High assent, engagement, + safety, **Strong** functional control, using personalized, synthesized and **natural** contingencies

- Starts with an open-ended interview with caregivers
- Followed by a Functional Analysis of the behavior, specifically an IISCA (Interview Informed Synthesized Contingency Analysis)
- Prioritizes safety, dignity, televisibility and rapport

- Goals of the PFA are:
  - Identify a context where the individual is happy, relaxed and engaged, without problem behavior
  - Show influence over problem behavior (can we turn the behavior on and off) rather than determining an isolated reinforcement contingency that maintains problem behavior
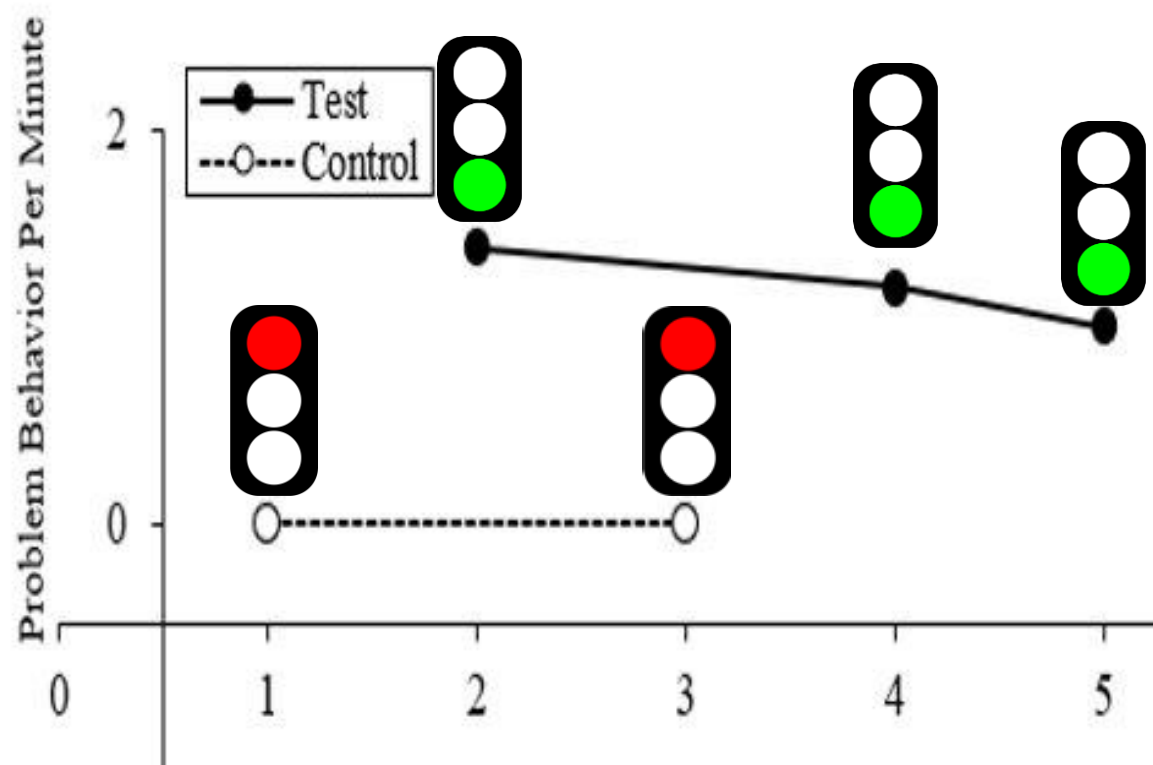
(Hanley, 2023)
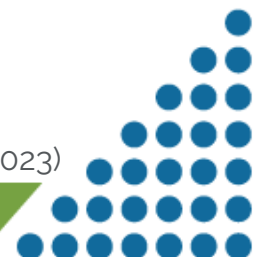
- Analyze data after the PFA has been completed
  - Efficacy
  - Reliability
  - Safety

- EOs presented:
  - Naturally occurring
  - Challenging
  - Convenient

Do's

- Keep the person happy, relaxed, and engaged (HRE)
- Be available and engaged
- Honor all requests for items, attention, and saying or doing things in a particular way
- Provide multiple forms of reinforcement
- Follow the individual's lead
- Allow stereotypic behavior to occur
- Have a plan for unreasonable requests
- Respond to problem behavior in an empathic manner, and remove any unplanned EOs

Don'ts

- Manipulate an individual's items unless it is enjoyable
- Refrain from placing demands or providing instructions (unless it's desirable)
- Ask a lot of questions (unless it's desired)
- Refrain from providing corrections or the way they are engaging with an item (unless dangerous)
- Overreact to problem behavior
- Place accidental EOs as they may percolate

DBHDS

Extinction

Used for critically essential tasks

Medical Appointments

Hygiene Related Routines

Keeping the Individual Safe

Partial Extinction

Briefly withholding R+ temporarily

Partial completion of a task

Reinforce soon after the next appropriate response

Reserving full SR for complete participation

Enhanced Choice Model
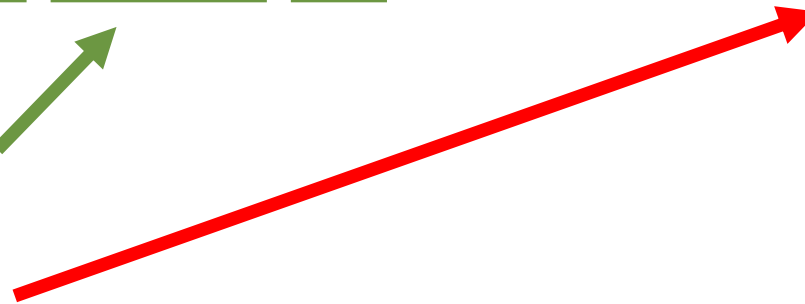
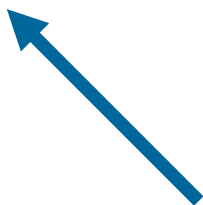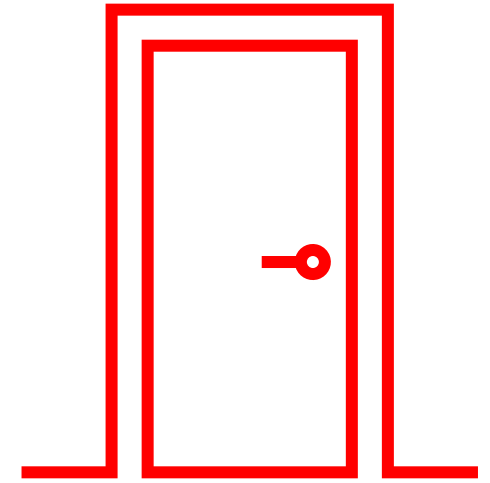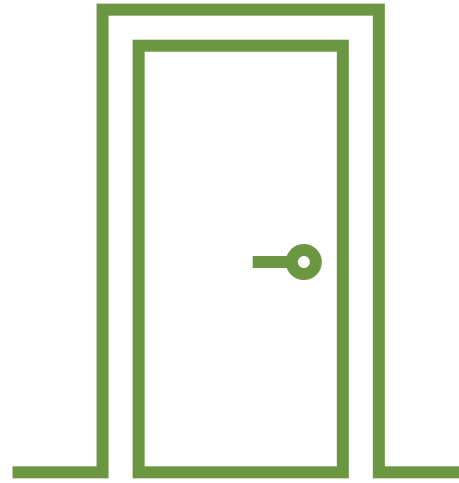Individual has choice of hangout, practice, and exit.

Assent is gained prior to session

Person has choice between contingent or non-contingent R+

Hang Out

Practice

Exit
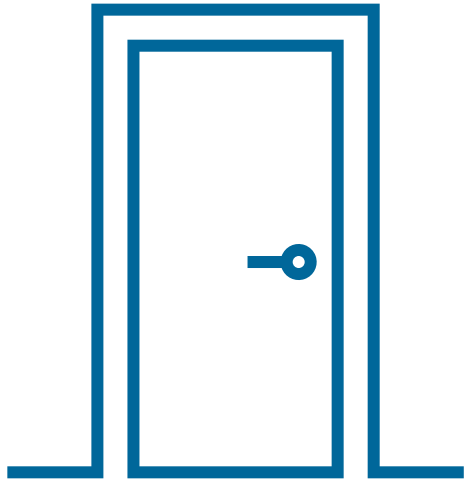
Reinforcers - keep them fresh

Have items ready related to the expectations for instructor-led time

Arrange the space and items for the individual to scan

Have system for data collection ready

Gain Interest

Gain Assent

If possible, ask for the individual's input

Ask the person to make a choice between practice, hangout, or exit

Allow the person to change their mind at any time

Do you want to practice, hangout, or exit?

Exit

Effects of an enhanced choice model of skill-based treatment for students with emotional/behavioral disorders

Johanna L. Staubitz
Department of Special Education, Vanderbilt University

John E. Staubitz
Vanderbilt University Medical Center

Marney S. Pollack and Rachel A. Haws
Department of Special Education, Vanderbilt University

Michelle Hopton
Vanderbilt University Medical Center

Minimizing Escalation by Treating Dangerous Problem Behavior Within an Enhanced Choice Model

Adithyan Rajaraman[1] · Gregory P. Hanley[2] · Holly C. Gover[2,3] · Johanna L. Staubitz[4] · John E. Staubitz[5] · Kathleen M. Simcoe[5] · Rachel Metras[2]

NONCONTINGENT PRESENTATION OF ATTENTION AND ALTERNATIVE STIMULI IN THE TREATMENT OF ATTENTION-MAINTAINED DESTRUCTIVE BEHAVIOR

GREGORY P. HANLEY, CATHLEEN C. PIAZZA, AND WAYNE W. FISHER

KENNEDY KRIEGER INSTITUTE AND
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

Prioritizing choice and assent in the assessment and treatment of food selectivity

Holly C. Gover, Gregory P. Hanley, Kelsey W. Ruppel, Robin K. Landa and Juliana Marcus

Vanderbilt Kennedy Center, Treatment and Research Institute for Autism Spectrum Disorders, Vanderbilt University Medical Center, Western New England University, Springfield, MA, USA

What are the 3 common options in the enhanced choice model?

A. Play with games, bounce a ball or watch a movie

B. Hang out, Practice, or Exit

C. Do no work, do some work, or do all work
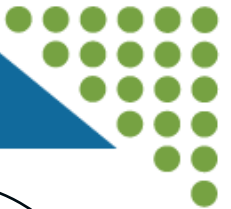
D. None of the above

What are the 3 common options in the enhanced choice model?

A. Play with games, bounce a ball or watch a movie

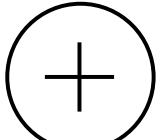B. **Hang out, Practice, or Exit**
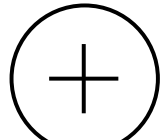
C. Do no work, do some of your work, do all of your work

D. None of the above

Trial 1   Trial 2   Trial 3
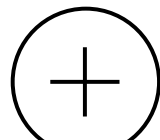
Yippie!

CAB 6 Probe Trial

Level Up!

Functional Assessment

PFA: Open-Ended Interview and IISCA

High assent, engagement, + safety, strong functional control, using personalized, synthesized and **natural** contingencies

FCT

FCT

Shape levels of communication (including recruiting attention and waiting for a listener)

Tolerance Response Training

Tolerance Response Training

Shape calm responding to hearing *no* or *not right now*

Delay Tolerance Training (Schedule Thinning)

CAB 1-2: Relinquish, Transition

Shape levels of stopping, relinquishing, transitioning, and showing readiness for further expectations

CAB 3: A Little Cooperation

Shape cooperation with a few units of instruction / expectation

CAB 4: Competent Cooperation

Shape cooperation, establish independence as appropriate

CAB 5: Enduring

Shape longer durations of cooperation

CAB 6: Persevering

Shape duration of cooperation while being challenged

03/27/2025

An Introduction to Skill Based Treatment

20

Visual was adapted from Landa, R. (2022)

FCT
Shape levels of communication (including recruiting attention and waiting for a listener)

Omnibus mand

Simple FCR

Complex FCR

- Omnibus mand

My!

My way!

My way.

- Simple FCR

My way please.

Complex FCR

- Adding variations of autoclitic frames
- Eye Contact
- Orientation
- Body positioning
- Articulation
- Pacing
- Tone
- Volume
- Recruiting attention

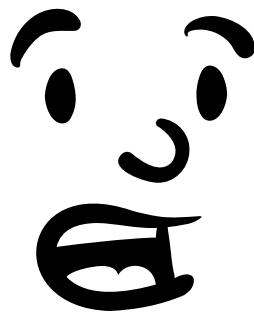Excuse me, pardon me, but do you have some Grey Poupon.

Functional Assessment

PFA: Open-Ended Interview and IISCA

High assent, engagement, + safety, strong functional control, using personalized, synthesized and natural contingencies

FCT

FCT

Shape levels of communication (including recruiting attention and waiting for a listener)

Tolerance Response Training

Tolerance Response Training

Shape calm responding to hearing *no* or *not right now*

Delay Tolerance Training (Schedule Thinning)

CAB 1-2: Relinquish, Transition

Shape levels of stopping, relinquishing, transitioning, and showing readiness for further expectations

CAB 3: A Little Cooperation

Shape cooperation with a few units of instruction / expectation

CAB 4: Competent Cooperation

Shape cooperation, establish independence as appropriate

CAB 5: Resilient Cooperation

Shape longer durations of cooperation

CAB 6: Endurance

Shape duration of cooperation while being challenged

An Introduction to Skill Based Treatment

Visual was adapted from Landa, R. (2022)

Gradually introduce disappointment by teaching the person to calmy respond to disappointment

Choose a tolerance response to teach (e.g. "Okay," "Sure," Thumbs up)

Reinforce the FCR 40% - 60% of the time

The other times deny the FCR and reinforce tolerance response

Vary delay/denial cues

Build progressively towards natural interactions

Hanley et al. (2014)

Reinforce the FCR 40% - 60% of the time
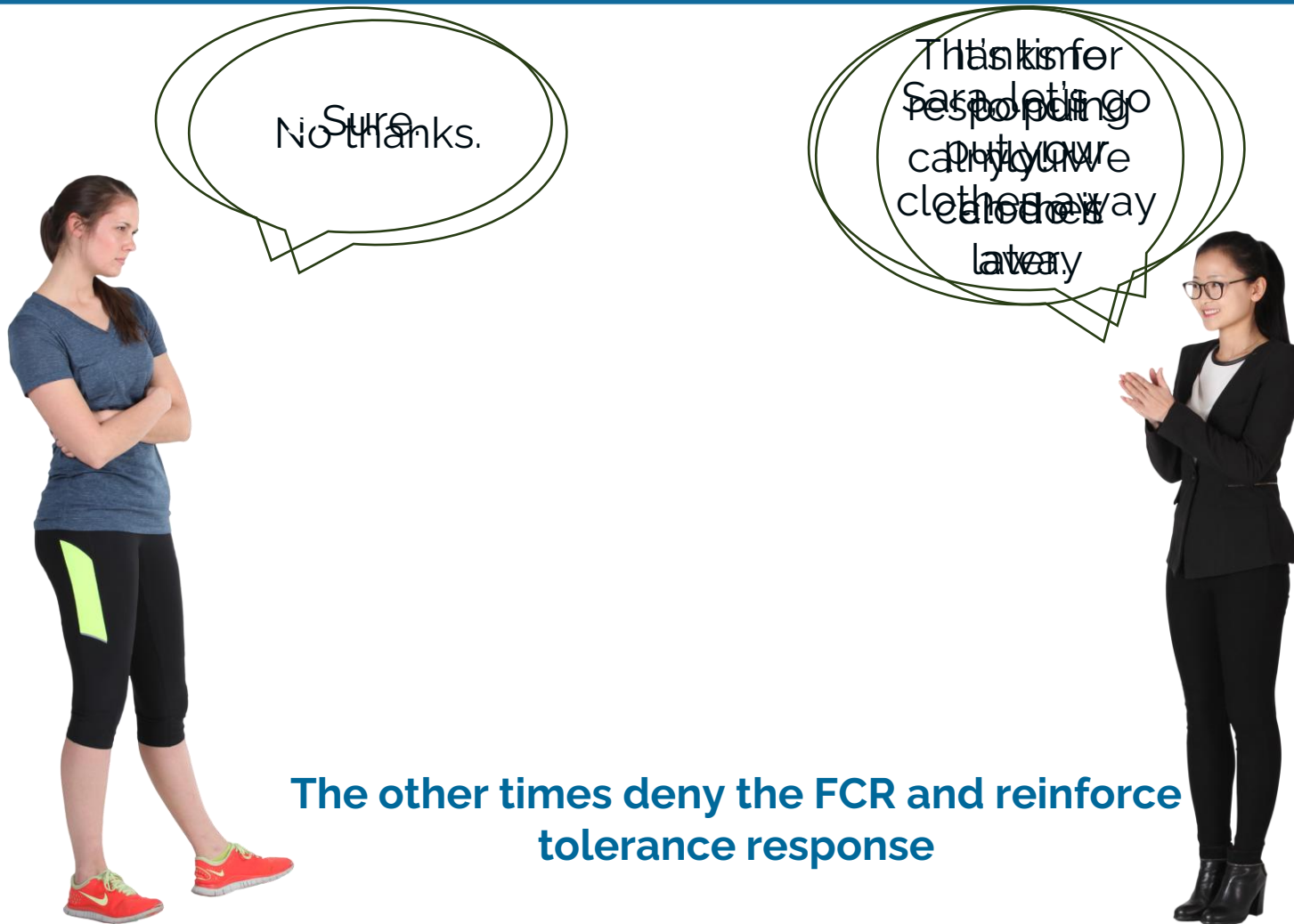
The other times deny the FCR and reinforce tolerance response

Skill-Based Treatment is meant to be curtailed to individual's needs

Continue to evaluate your data and make changes if progression is slow

Progressing the EO may help motivate the learner to increase responding

Consider picking an easier response for the individual to learn, and shape it over time

If the individual is moving slowly through the Complex FCR and TR, consider teaching it another time

Functional Assessment

PFA: Open-Ended Interview and IISCA

High assent, engagement, + safety, strong functional control, using personalized, synthesized and natural contingencies

FCT

FCT

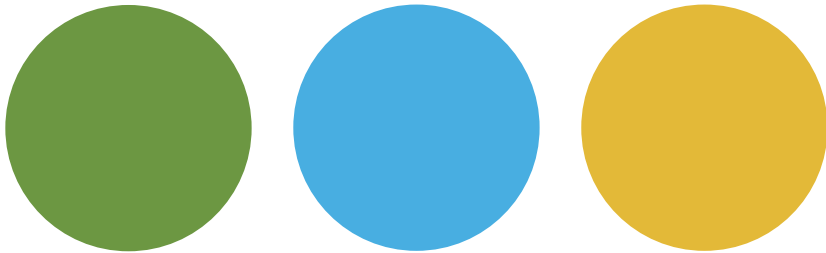Shape levels of communication (including recruiting attention and waiting for a listener)

Tolerance Response Training

Tolerance Response Training

Shape calm responding to hearing *no* or *not right now*

Delay Tolerance Training (Schedule Thinning)

CAB 1-2: Relinquish, Transition

Shape levels of stopping, relinquishing, transitioning, and showing readiness for further expectations

CAB 3: A Little Cooperation

Shape cooperation with a few units of instruction / expectation

CAB 4: Competent Cooperation

Shape cooperation, establish independence as appropriate

CAB 5: Enduring

Shape longer durations of cooperation

CAB 6: Persevering

Shape duration of cooperation while being challenged

03/27/2025

An Introduction to Skill Based Treatment

29

Visual was adapted from Landa, R. (2022)

What do you know about CABs?

A. I have experience teaching CAB1 through CAB6 with at least 1 learner.

B. I have experience teaching at least one CAB with at least 1 learner.

C. I know what they are but have never taught them.

D. What are CABs? Do people even use Cabs anymore? I thought everyone used Uber!

- Contextually appropriate behaviors are "the behaviors that will be instructed following tolerance responses and strengthened via the termination of the delay (i.e., access to the synthesized reinforcers)."

- These behaviors will be taught using shaping with a 6-step process (CAB1-CAB6)

- Usually identify 3 CAB branches to start with
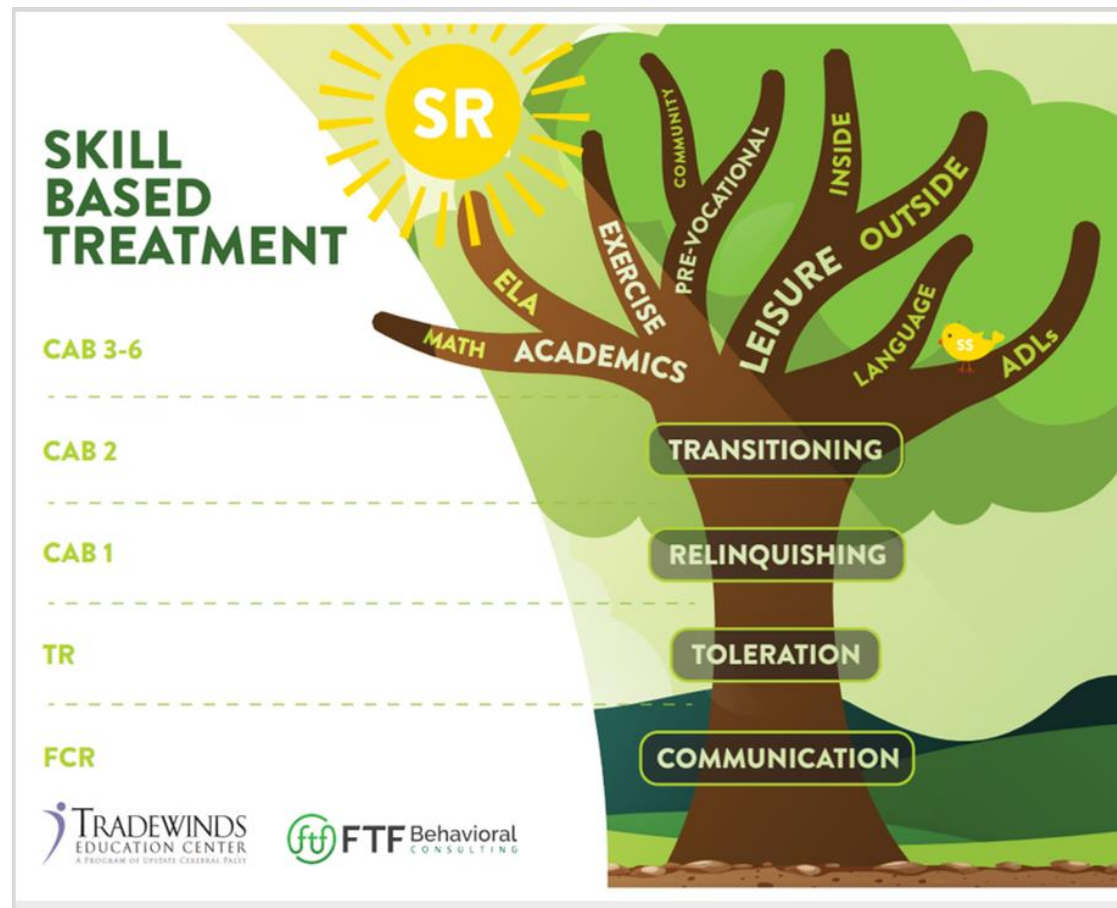
FTF Behavioral Consulting (2022)

Branch A = Group Leisure Skills	Branch B = Hygiene Skills	Branch C = Household Chores
• Play board game with others • Play a card game with others • Play a video game with others	• Brushing teeth • Washing hands • Wearing deodorant	• Putting away laundry • Cleaning up after meals • Wiping countertops
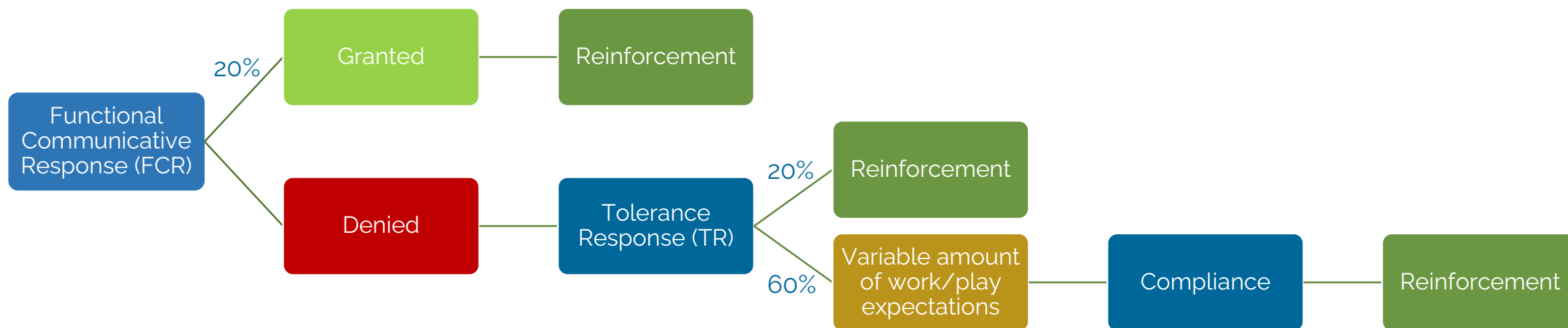
Visual was adapted from Hanley, G., 2019

Relinquishing Reinforcers

Start by gaining instructional control over relinquishing positive reinforcers.

> The goal: learner will put down/put away/stop engaging with synthesized reinforcers, without problem behavior.

An Introduction to Skill Based Treatment

Transitioning

Work on gaining instructional control of transitioning to alternative area and readying to listen/learn

Example:

Stand up

Walk to the table

Sit in the chair

FTF Behavioral Consulting (2022)

Cooperation within a single activity (1-3 steps)

- Instructional control of a few (1-3) responses/time units of cooperation within a single, relevant activity
  - Example: to participate in a card game:
    - Pick up the deck of cards
    - Hand me one card
    - Give yourself one card

FTF Behavioral Consulting (2022)

Cooperation within multiple activities (1-3 steps)

- Uno:
  - Pick up the deck of cards
  - Hand me one card
  - Give yourself one card

- Sorry!
  - Choose a card
  - Read the card
  - Do what the card says

- Wii Bowling
  - Pick up the remote
  - Put the strap on your wrist
  - Stand in front of the screen

FTF Behavioral Consulting (2022)

Cooperation within multiple activities (1-10+)

CAB5 short (Uno):	Pick up the deck of cards	Deal 7 cards to each of us.		
CAB5 medium (Uno):	Pick up the deck of cards	Deal 7 cards to each of us	Flip over a discard card	
CAB5 long (Uno):	Pick up the deck of cards	Deal 7 cards to each of us	Flip over a discard card	Take 2-3 turns each

FTF Behavioral Consulting (2022)

Cooperation within multiple activities (1-10+) while being challenged.

- This is the same as CAB5, alternating between short, medium and long expectations, but with challenges present

- Examples:
  - Playing Uno-including the reverse cards or skip cards
  - Switching to a new game before ending the current game
  - Changing the rules of the game
  - Interruptions

FTF Behavioral Consulting (2022)

- https://www.youtube.com/watch?v=k1uchtxD_gE

DBHDS

What does CAB stand for in skill-based treatment?

A. Contextually Appropriate Behavior

B. Continuous Assessment of Behavior

C. Counting All Behavior

D. Curious About Behavior

What does CAB stand for in skill based treatment?

A. Contextually Appropriate Behavior

B. Continuous Assessment of Behavior

C. Counting All Behavior

D. Curious About Behavior

If mild problem behavior occurs during trials:

- Give an immediate and empathetic response

- Encourage persistence, or offer the choice to either go to reinforcement or persist in EO

- Adjust the criteria for reinforcement; reinforce the next bit of cooperation/achievement

- Extend the reinforcement period a bit longer

- Reflect on what occasioned the mild problem behavior

- Change procedures on the next trials (add in a prompt, change expectation, reconsider learning target)

FTF Behavioral Consulting (2022)

If severe problem behavior occurs during trials:

- Give space, maintain safety, while giving immediate and empathetic response

- Provide access to all reinforcers

- Extend the reinforcement period

- Reflect on what occasioned the severe problem behavior

- Change procedures (add in prompt, change expectation, reconsider learning target in general)

FTF Behavioral Consulting (2022)

What should I do when not in SBT session?

Outside of treatment sessions, continue with normally scheduled activities

Continue to follow the behavior support plan that is in place outside of session

Plan to generalize steps of SBT when ready

Consider:

- Extending to new person/people

- Extending to a new setting(s)

- Extending across longer periods of time

- Developing specific requests

- Introducing "Gray" reinforcement

- Additional CAB branches

FTF Behavioral Consulting (2022)

There are many different ways to collect data for this process.

Data Sheet and Guide for the Skill-Based Treatment of Problem Behavior (Revised: May 2019; FTF Behavioral Consulting, Inc.)

Supervisor: Consultant:

Google Sheets

CentralReach

If using an electronic data collection system, the graphs are often already built in.

Accumulated number of targets mastered
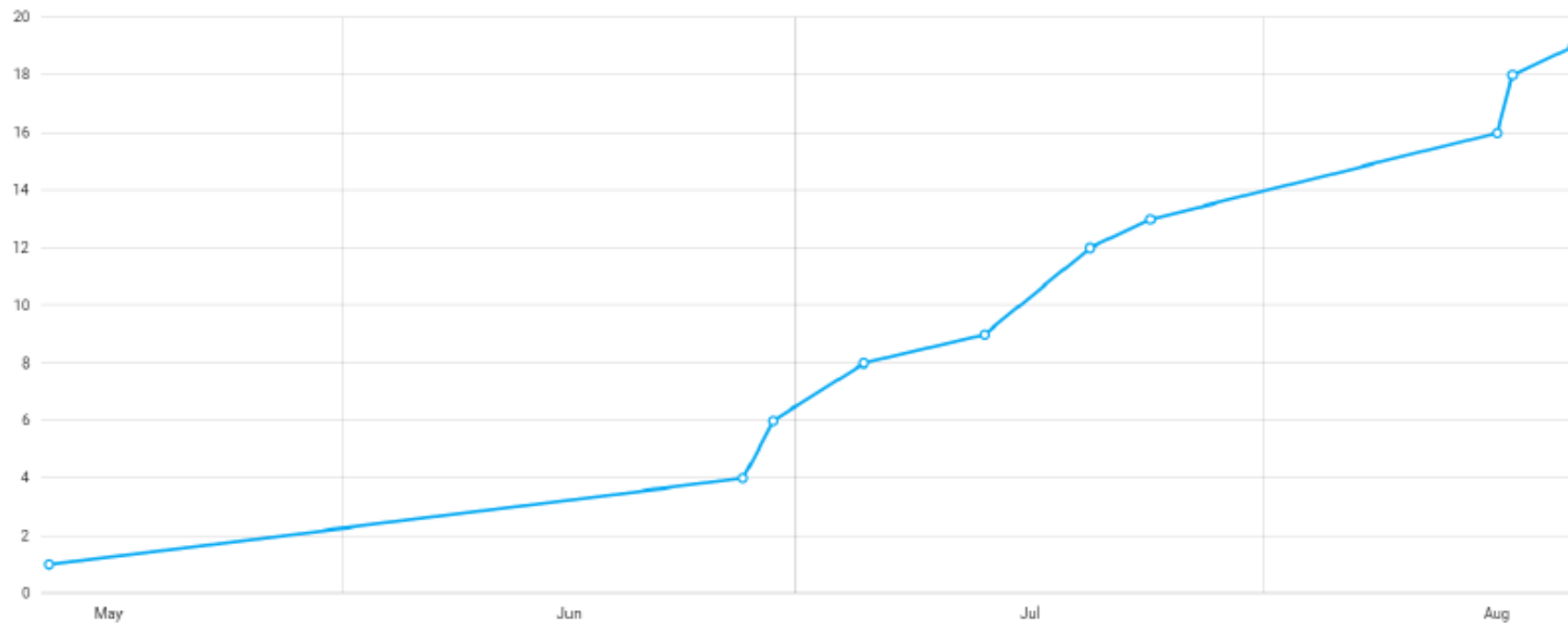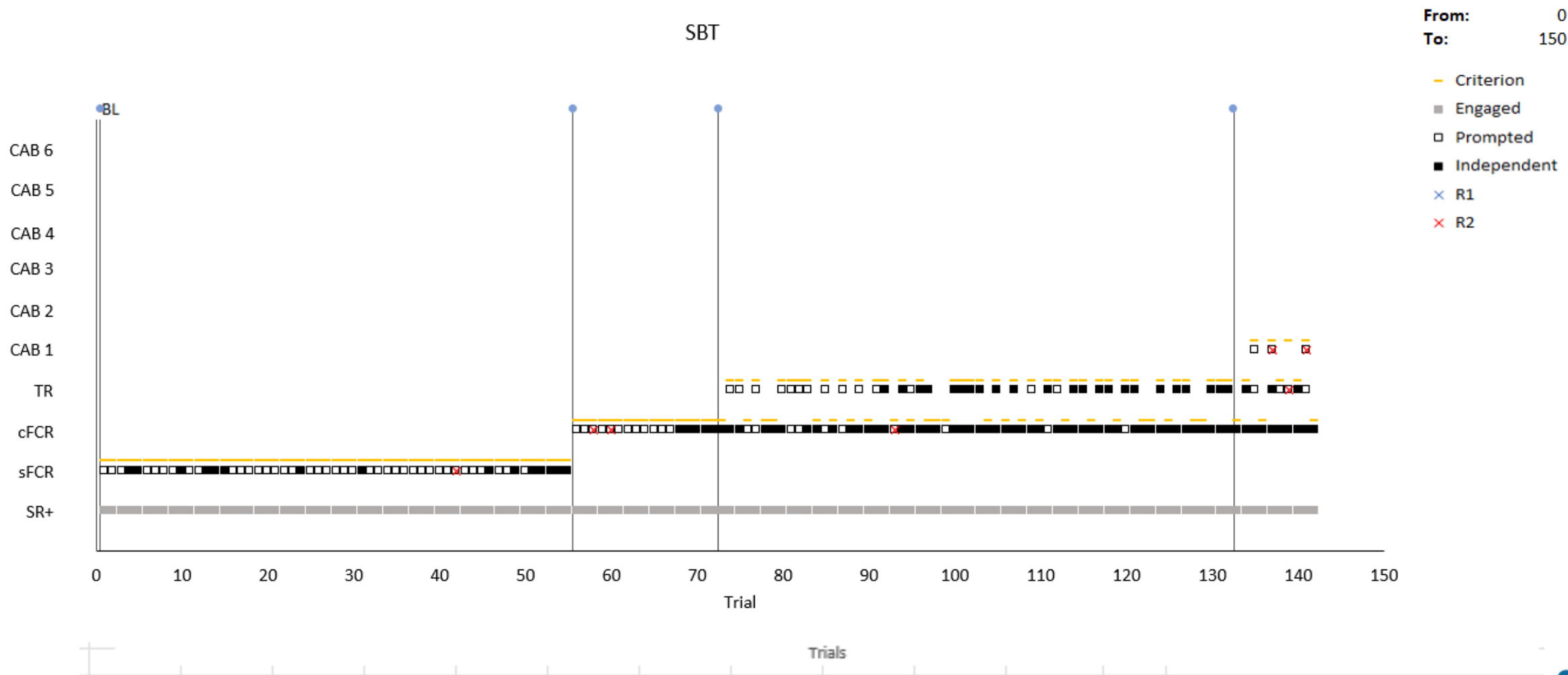
Provide prompts safely

Minimize risk

Maintain high expectations

Flow with the process

Program intermittent reinforcement

Program unpredictable reinforcement

Provide naturally occurring signals

Try to end on a positive note

Debriefing

Resources for Further Training and Information

- FTF website- https://ftfbc.com/

- Practical Functional Assessment Website- https://practicalfunctionalassessment.com/

- PFA and SBT Community Website- https://www.pfasbtcommunity.com/

- Upstate Caring Partners YouTube channel - https://www.youtube.com/@upstatecaringpartners

- Cooper, J.O., Heron, T.E., & Heward, W.L. (2020). Functional Assessment. In Cooper, J.O. Heron, T.E., & Heward, W.L., (Eds.), Applied behavior analysis (3rd ed., pp. 627-652). Hoboken, New Jersey: Pearson.

- Ghaemmaghami, M., Hanley, G. P., Jessel, J. & Landa, R. (2018). Shaping complex functional communication responses. *Journal of Applied Behavior Analysis, 51, 502-520.*

- FTF Behavioral Consulting Practical Functional Assessment & Skill-Based Treatment Workbook Rvsd.:2/2022 from https://www.pfasbtcommunity.com/skill-based-treatment-branch-planning/#pfa-sbt-workbook-from-ftf

- Hanley, G.P. (2010). Functional assessment of problem behavior: Dispelling myths, overcoming implementation obstacles, and developing new lore. *Behavior analysis in practice, 5(1), 54-72.*

- Hanley, G. (2023, December). Practical Functional Assessment Workbook. FTF Behavioral Consulting.

- Hanley, G. (2009, August). *Implementation assistance*. Practical Functional Assessment. https://practicalfunctionalassessment.com/implementation-materials/

- Hanley, G. P., Piazza, C. C., Fisher, W. W., Contrucci, S. A., & Maglieri, K. M. (1997). Evaluation of client preference for function-based treatments. *Journal of Applied Behavior Analysis*, *30, 459-473.*

- Landa, Robin (2022). Skill-based treatment (SBT) for severe problem behavior: Things to know before getting started [Power Point Slides]. Personal communication.

- Rajaraman, A., Hanley, G. P., Gover, H. C., Staubitz, J. L., Staubitz, J. E., Simcoe, K. M., & Metras, R. (2021). Minimizing Escalation by Treating Dangerous Problem Behavior Within an Enhanced Choice Model. *Behavior Analysis in Practice, 1-24.*

- Slaton, J.D., Hanley, G.P., and Raftery, K.J. (2017). Interview-informed functional analyses: A comparison of synthesized and isolated components. *Journal of Applied Behavior Analysis, 50, 252-277.*

- Staubitz, J.L., Staubitz, J.E., Pollock, M.S., Haws, R.A., & Hopton, M. (2022). Effects of an enhanced choice model of skill-based treatment with emotional/behavioral disorders. *Journal of Applied Behavior Analysis, 55, 1306-1341.*

- Our website:
  - https://dbhds.virginia.gov/developmental-services/behavioral-services/

- Search engine for therapeutic behavioral consultation: must be enrolled with DMAS for this service to be listed

- To be listed on search engine, complete this form.

Courtney.Pernick@DBHDS.Virginia.Gov

John.Tolson@DBHDS.Virginia.Gov

Courtney.Pernick@DBHDS.Virginia.Gov

John.Tolson@DBHDS.Virginia.Gov