Research in Developmental Disabilities 36 (2015) 323–327

Contents lists available at ScienceDirect

Research in Developmental Disabilities

Essential components of written behavior treatment plans

Don E. Williams [a,*], Timothy R. Vollmer [b]

[a] Williams Behavioral Consulting, United States
[b] University of Florida, United States

ARTICLE INFO

Article history:
Received 30 May 2014
Received in revised form 25 September 2014
Accepted 2 October 2014
Available online 12 November 2014

Keywords:
Applied behavior analysis
Behavior treatment plans

ABSTRACT

For the last 25 years, the only empirically determined system to evaluate the content of written behavior analysis plans was developed by Vollmer et al. (1992). For the current study, the content of that earlier system was revised by the first author and submitted to 48 members of the editorial board of the Journal of Applied Behavior Analysis and seven (7) other acknowledged experts on the editorial boards of Behavioral Interventions and Research in Developmental Disabilities. Of 55 recipients, 36 responded. The thirty-six (36) respondents rated each of 28 items from essential to non-essential using a five-point Likert scale. After reviewing the expert panel members' evaluations, we reduced the 28 items to 20 essential components of written behavior treatment plans. The implications of the results were discussed.

Although the discipline of applied behavior analysis (ABA) has allocated substantial resources to the development of effective treatment practices, relatively little systematic attention has been paid to the format of the written behavior treatment plan itself. Written behavior plans (hereafter referred to as behavior treatment plans), the primary mechanisms for codifying a behavioral treatment, have a long history in ABA. In fact, the behavior treatment plan can be viewed as one means of satisfying one of the seven dimensions of ABA. In describing the "technological" dimension of ABA, Baer, Wolf, and Risley (1968) noted that, "...procedural descriptions require considerable detail about all possible contingencies of procedure" (p. 95).

A review of some of the major ABA texts (Alberto & Troutman, 2006; Cooper, Heron, & Heward, 2007; Kazdin, 2001; Martin & Pear, 2007; Miltenberger, 2004) reveals little guidance on how to write or format behavior plans. This inattention is somewhat problematic because the traditional role of the professional behavior analyst is that of program designer–one who develops treatments and then trains others (e.g., staff, parents, therapists) to implement them. The behavior treatment plan is often one of the few remnants of training that can influence treatment implementation in the absence of the behavior analyst's supervision. The lack of comprehensive, empirically supported guidelines for developing effective behavior treatment plans suggests that the plan-writing repertoire is acquired in applied settings from using prior plans as models and occasional feedback from supervisors. These approaches might not represent the most effective or efficient training methods.

There is little guidance in the peer-reviewed literature regarding the content of behavior treatment plans, with one exception. Vollmer, Iwata, Zarcone, and Rodgers (1992) used a survey of 39 experts and archival analysis to create a template of the general content (e.g., behavior specification, objectives, program procedures, data collection, quality assurance) that

* Corresponding author at: 1804 Wolf Creek Drive, Greenville, TX 75402, United States. Tel.: +1 832 693 3619.
E-mail address: dwms887@gmail.com (D.E. Williams).

http://dx.doi.org/10.1016/j.ridd.2014.10.003
0891-4222/

should be included in a written behavior plan. More specifically, Vollmer et al. proposed 24 areas of essential content (see Table 1) based on the general guidelines required by the United States Department of Health & Human Services, 1988, as well as other regulatory standards. Because more than two decades have elapsed since the Vollmer et al. publication, the purpose of the present study was to reevaluate the behavior treatment plan content areas recommend by Vollmer et al., again using expert content validation.

1. Method

The content developed by Vollmer et al. (1992) can be found in Table 1. The first author revised and added to the behavior treatment plan content areas (components) recommended by Vollmer et al. (1992), resulting in a list of 28 items (see Table 2). Due to research resulting in some obvious changes in emphasis within the field, components on treatment integrity, stimulus preference assessment, and functional assessment were added to the original list. The list was then emailed in survey form to 48 editorial board members of the *Journal of Applied Behavior Analysis*, and 7 other well-known experts on the editorial boards of *Behavioral Interventions* or *Research in Developmental Disabilities*. The first criterion for selection was as follows: the publication of several journal articles on the behavioral treatment of individuals with developmental disabilities. In addition, the first author decided to ensure that at least 50% of the membership included women who met the publication criterion. Thirty-six respondents completed the survey (a 65.5% return rate). As in the Vollmer et al. study (1992), panel members were asked to rate each of the 28 components on a 5-point Likert scale on how essential each component was to be included in behavior plans (5 = Essential, 1 = Not essential).

2. Results

The results of the expert survey are depicted in Table 2. Five of the 28 behavior-plan components received mean ratings lower than 4.0. Component #4 (previous treatments are summarized) received a mean rating of 3.88. Component #9 (functional assessment included a questionnaire) received a mean rating of 2.14. Component #11 (a functional analysis was conducted) received a mean rating of 3.56. Component #15 (formal preference assessment specified with results given) received a mean rating of 3.81. Component #27 (reliability checks are specified) received a mean rating of 3.92. The cutoff was established arbitrarily at 3.8.

3. Discussion

In practice settings, written behavior treatment plans are typically designed for two purposes: (1) to reduce problem behavior (e.g., self-injurious behavior, aggression, elopement) and (2) to increase replacement behavior. Written behavior treatment plans represent the authors' translations of the science of human behavior into practical tools for behavior changes.

Table 1
Vollmer et al. (1992) items in behavior reduction plan content.

1. Behavior definition
2. behavior context
3. Previous treatments and results
4. Measureable objectives
5. Time limit on objectives
6. Sessions (scheduled)
7. Reinforcement component
8. Target behavior to reinforce is defined
9. Positive reinforcer is specified
10. Schedule of reinforcement
11. Reinforcement schedule is appropriate
12. Aversive specified
13. Inappropriate behavior for aversive is defined
14. Aversive schedule
15. Aversive fading
16. Baseline data
17. Data for targets
18. Method described
19. Method appropriate
20. Data for aversive target
21. Method described
22. Method appropriate
23. Review schedule
24. Consent