

## **Increasing the Social Validity of Function-Based Treatments for Problem Behavior**

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### **Abstract**

Functional assessment, and function-based treatments, are the gold standard for the treatment of problem behavior. Historically, these assessment and treatment evaluations have been conducted in austere clinical settings to increase internal validity. While prioritizing internal validity is critical in the initial stages of a treatment evaluation, if there is not an eventual shift to prioritizing the external or social validity of the treatment it may inevitably fail in the natural environment. The purpose of this case example is to outline a socially valid approach to the assessment and treatment of problem behavior that ensures individuals' and their families' lives benefit in meaningful ways. More specifically, this case-example will outline a method of prioritizing social validity to identify treatment goals, conduct functional analysis, evaluate and generalize treatment, and implement caregiver training.

**Keywords:** Problem Behavior, Behavioral Treatment, Behavior Analysis, Social Validity

## **Aumentando la Validez Social de los Tratamientos Funcionales para la Conducta Problemática**

### **Resumen**

La evaluación funcional y los tratamientos funcionales son el estándar de oro para el tratamiento de la conducta problemática. Históricamente, esas evaluaciones y tratamientos se han conducido en escenarios clínicos austeros para aumentar la validez interna. Si bien el priorizar la validez interna es crítico en las etapas iniciales de la evaluación de un tratamiento, si eventualmente no hay un cambio para priorizar la validez externa o social del tratamiento, éste puede fallar en un escenario natural. El propósito del ejemplo de caso que se presenta en este trabajo es mostrar una aproximación válida para la evaluación y tratamiento de conducta problemática que asegura que las vidas de los individuos y de sus familias se beneficien de forma significativa. Más específicamente, el ejemplo de caso que se presenta mostrará un método para identificar las metas del tratamiento priorizando la validez social, para conducir un análisis funcional, evaluar y generalizar el tratamiento y entrenar al cuidador.

**Palabras Clave:** Conducta Problemática, Tratamiento Conductual, Análisis de la Conducta, Validez Social

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Compared to typically developing peers, children with developmental or intellectual disabilities are at an increased risk for engaging in problem behaviors such as aggression, self-injury, property destruction, and pica (Dekker, Koot, van der Ende, & Verhulst, 2002). Estimates of the prevalence of such problem behaviors in this population vary widely, from between 10-15% (Emerson et al., 2001) to as many as 73% of individuals (Rojahn, Matson, Lott, Esbensen, & Smalls, 2001). However, what is unequivocal is that the presence of problem behaviors such as these is associated with negative outcomes for both the child engaging in the behavior and their caregivers. For example, self-injurious behaviors like head-banging, hitting/biting oneself, or skin picking can cause permanent tissue damage or permanent loss of sight or hearing, as well as increase the risk of secondary harm from infections (Minshawi et al., 2014). Wandering or running away (i.e., elopement) puts these children at risk for abduction, injury, or even death due to drowning or being struck by an automobile (Anderson et al., 2012). Such behaviors also frequently result in children being placed in more restrictive educational settings. As a result they benefit less from general educational instruction and spend less time with typically developing peers (Gresham et al., 2004). Similarly, problem behavior can require the child to be placed in restrictive residential settings, further limiting their access to important social and community interactions and supports (Friedman, Kalichman, & Council on Children with Disabilities, 2014).

Problem behaviors such as these also have profound negative effects for caregivers. Research has shown a strong correlation between having a child with problem behavior and an increased level of parental stress (Dykens, 2000; Neece, Green, & Baker, 2012) and poorer overall family functioning (Davis & Gavidia-Payne, 2009). In fact, the presence of problem behavior is more predictive of parental stress than deficits in adaptive behavior or the severity of the symptoms of the developmental disability itself (Baker, Blacher, Crnic, & Edelbrock, 2002; Estes et al., 2013; Hastings & Beck, 2004; Lecavalier, Leone, & Wiltz, 2006). Behavior problems have also been found to negatively impact marital satisfaction (Hartley, Barker, Baker, Seltzer, & Greenberg, 2012), are correlated with higher rates of problem behavior in siblings (Hastings & Beck, 2004), and parents of children with disabilities who engage in problem behavior find it harder to maintain employment (Hall, Bouldin, Andresen, & Ali, 2012). Moreover, caregivers who experience high levels of stress are less able to implement interventions for their child's problem behavior (Osbourne, McHugh, Saunders, & Reed, 2008). Thus, well-designed interventions for problem behaviors exhibited by children with developmental disabilities have the potential to produce significant benefit not only for the child but for their caregivers as well.

Effective treatments of problem behavior in this population have historically been based upon the scientific approach to the study of behavior known as behavior analysis. Within this literature, problem behavior was hypothesized by Ferster (1961) to be learned and therefore under the control of its environmental consequences. Some of the first researchers to apply this approach to the treatment of problem behavior began evaluating the effectiveness of behavior analytic principles (e.g., reinforcement, extinction, punishment, etc.) for the

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