

### What is ABA?

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Applied Behavior Analysis (ABA) is a technology in which principles of behavior are systematically applied to improve socially significant behavior.

What are the theoretical tenets of ABA?

ABA is predicated on the 6 principles of **determinism, empiricism, experimentation, replication, parsimony, and philosophical doubt.**

What are the guiding principles of ABA?

ABA operates on the 7 dimensions of **applied, behavioral, analytic, technological, conceptual, effective, and general.**

### Ethical Standards

What are my ethical responsibilities to my clients?

Your primary ethical responsibilities involve upholding client **privacy, dignity, and quality of care.**

How do I uphold client **privacy**?

To uphold client privacy, you must refrain from sharing potentially sensitive information with *any* unauthorized parties. This can include (but is not necessarily limited to) client *name* and *date of birth*, as well as *any conditions affecting the client.*

### Ethical Standards (cont)

How do I know who is an **authorized party**?

By default, authorized parties include only the primary caregiver(s) of the patient as listed on their programming. New parties may be added only with the express (written) consent of the caregiver. *Relatives such as siblings, cousins, aunts, etc. are NOT authorized parties unless specified!*

Can you give an example in which client **privacy** may be jeopardized?

Imagine you and a client are working together in a at home. While working, a concerned aunt comes up and asks you what you're doing there. In this situation, *answer vaguely in a way that does not jeopardize client privacy.* For example, you could respond "I'm just here to help out." If continually pressed, you can outright say "I am not allowed to answer that question."

How do I uphold client **dignity**?

To uphold client dignity, you must prevent your client from injury, embarrassment, as well as respecting the level of independence appropriate for their capacities.

Can you give an example in which client **dignity** may be jeopardized?

Imagine you are working with a client when they soil themselves. You must take appropriate action to ensure your client does not stay in a soiled state--it does not matter if the client doesn't seem to "care". Upholding client dignity remains a key responsibility *especially* when the client is unable/unwilling to do so for themselves.

### Ethical Standards (cont)

How do I uphold client **quality of care**?

Every client has the right to treatment that is effective and safe. To this end, line therapists (such as RBTs) collect data on client progress so that goals and methods can be modified when they're demonstrated to be ineffective. *The line therapist must be honest in the collection of data, as falsified/fabricated data can lead to maladaptive treatments and loss of client progress.*

Can you give an example in which client **quality of care** may be jeopardized?

One common example which may jeopardize quality of care is when caregivers decide to pursue avenues of treatment which are counter-therapeutic and demonstrably ineffective. For an extreme example, if a parent decides that their child will be healthier if they only eat bread and drink only water, the line therapist must discuss the lack of empirical evidence for this treatment with the parent as well as notify their supervisor. If allowed, this restrictive diet will likely jeopardize client health.

### The Foundations of Behavior

What is operant conditioning?

**Operant conditioning**--otherwise known as **learning by consequence**--is the process by which animals come to behave in a manner contingent on the consequences of those behaviors.



### The Foundations of Behavior (cont)

What are **reinforcement** and **punishment**?

**Reinforcement** is any consequence which makes a behavior more likely to occur. **Punishment** is any consequence which makes a behavior less likely to occur. Animals typically seek out reinforcement, and avoid punishment.

What's the difference between **positive** and **negative** reinforcement/punishment?

**Positive** denotes that a consequence involves the addition of a stimulus (e.g. giving a cookie, or administering a shock), while **negative** denotes that a consequence involves the cessation of an ongoing stimulus (e.g. the cessation of boredom, or cessation of play via timeout).

What is an example of operant conditioning?

Imagine a child attempts to climb a cabinet to reach a cookie jar. If they are successful, then the **positive reinforcement** of the cookie will make this behavior more common in the future. However, if the child were to fall while trying, the **positive punishment** of the fall would make this behavior scarcer in the future.

How is operant conditioning used in ABA?

Operant conditioning is the dominant structure of teaching in ABA. Desirable behaviors are reinforced to increase their frequency, while undesirable behaviors are punished or placed on **extinction**.

What is extinction?

**Extinction** occurs when a behavior elicits no consequence (neither reinforcement nor punishment). Behaviors which elicit no consequences will become scarcer over time.

### The Foundations of Behavior (cont)

What is classical conditioning?

**Classical conditioning**--otherwise known as **learning by association**--is the process by which a neutral stimulus comes to elicit a functionally identical response to any non-neutral stimulus which it reliably predicts and precedes.

What is an example of classical conditioning?

Imagine an adult is driving a car when a light turns on to indicate that their car needs fuel. Because the light reliably predicts and precedes spending money on gasoline (which is aversive), the adult will come to dislike the light.

How is classical conditioning used in ABA?

Classical conditioning is most often used to generate **conditioned reinforcers** in **token economies**. In it, tokens (such as stickers) are given to the client for exhibiting desired behaviors, which the client can then exchange for a **primary reinforcer** such as a toy or a break.

What are **primary** and **conditioned reinforcers**?

**Primary reinforcers** are intrinsically valuable (like food), while **conditioned reinforcers** are valuable because of their association with primary reinforcers (like money, which can be used to buy food).

### The ABC Model

What is the **ABC** model?

The **ABC** model, otherwise known as the **3-term contingency**, is an operant model in which an **(A)ntecedent** elicits a **(B)ehavior** which in turn elicits a **(C)onsequence**.

### The ABC Model (cont)

We already discussed behaviors and consequences, but what are **antecedents**?

**Antecedents** are environmental stimuli which control behavior. For example, a fire alarm going off is an antecedent for the behavior of evacuating a building.

What kinds of antecedents do we use in ABA?

The two primary kinds of antecedents used in ABA are **discriminative stimuli** and **prompts**.

What is a **discriminative stimulus**?

The **discriminative stimulus (S<sup>D</sup>)** is a cue which indicates that a particular behavior will elicit a particular type of consequence at that time. For example, telling a client to "raise arms" is an S<sup>D</sup> which indicates raising their arms will elicit reward. Contrarily, telling a client to "stop doing that" is an S<sup>D</sup> which indicates continuing a behavior will elicit punishment.

What are **prompts**?

A **prompt** is a stimulus given in addition to an S<sup>D</sup> which makes a particular behavior more likely to occur. For example, if you told a client to "raise arms" and then physically guided their arms up in the air (a physical prompt), the target behavior is much more likely to occur.

What kinds of prompts are there?

There are many kinds of prompts! They include **physical** (hand over hand), **verbal** ("say hi"), **gestural** (pointing at a client's shoulder), **modeling** (jumping), **visual** (a notecard), or **positional** (putting an apple closer to the client than a bag of chips).

### Stimulus Control

What is **stimulus control**?

**Stimulus control** is the process of identifying and/or manipulating what stimuli control a particular behavior. Most behaviors are controlled by only one stimulus, and are only very rarely controlled by more than two stimuli.

What does stimulus control have to do with ABA?

In ABA, we teach contingencies of behavior (i.e. the  $S^D$  controls behavior), and often must make use of prompts. For example, a client is being taught to raise their arms upon hearing "raise arms." If the client does not respond appropriately (i.e. they don't know the behavior), then a prompt will need to be used. However, the use of a prompt (such as physically guiding their arms into the air) creates the potential problem that their response is controlled by the prompt and not by the  $S^D$ .

How do we make the  $S^D$  control behavior rather than the prompt?

In the above scenario, the physical prompt is the controlling stimulus for the desired behavior, but the goal is for the  $S^D$  to control the behavior without the prompt. To make this happen, we use a **stimulus control transfer**. Specifically, in ABA we typically use **prompt fading**. In prompt fading, the prompt is gradually reduced in intensity until it disappears entirely while the  $S^D$  continues to be delivered.



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Not published yet.

Last updated 24th February, 2022.

Page 3 of 3.

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