PS203 Skills Training Exercise

Learning, Language & Development

(Developmental Disabilities)

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PS 203 - Skills Training

Handout

A handout that can be downloaded from the web covers all of the lecture material and you will be adding to the notes with additional material from practical exercises

References

Many references are listed in the handout

Method of Assessment

Skills training exercises are not formally examined, although there is an essay title and exam questions associated with these classes.

Consultation Times

Wednesday 10-12

Topics Covered

Definitions and diagnoses of developmental psychopathology

Identifying behavioural problems

Functional assessment and analysis

Applied behaviour analysis and the treatment of autism

Developmental Psychopathology: Definitions and Diagnoses

Developmental Psychopathology

Developmental psychopathology is the study of childhood disorders and pivots around *age-appropriate* behavioural repertoires and emotional development

Some disorders (e.g. separation anxiety) are unique to children, whereas others (e.g. depression or autism) are not

Some disorders have more or less emotional content than others

Developmental Psychopathology

The field of psychopathology in general is dominated by systems of classification, each with a set of a priori assumptions and guiding principles that provide the organisational framework for the clinical content

The aim of classification systems is to generate classes or categories of clinical problems that are valid and that possess treatment utility

There are two classification strategies in psychopathology:

categorical/syndromal

dimensional/functional

Syndromal Classification

Syndromal classification can be traced back to Wundt and Galen and in general aims to collate collections of signs (what one observes) and symptoms (what a client reports)

The syndromal classification approach is primarily a ***topographically-oriented*** classification for the identification of ***functional*** units of behaviour (diseases), but appears to undermine the importance of functional processes (etiological agnosticism)

Syndromal classification models are justified by bringing together researchers and practitioners from a variety of traditions, providing an avenue for combined research efforts (eclecticism)

DSM-IV-TR

The Diagnostic and Statistical Manual of The American Psychiatric Association **DSM** (now DSM-IV-TR) is the most well-established and widely used ***categorical or syndromal*** system for diagnosing dysfunctional behaviour in adults and children

The alternative syndromal classification system is the ***International Classification of Diseases (ICD)***

DSM-IV-TR

Axis I	Axis II	Axis III	Axis IV	Axis V
All Diagnostic Categories Except Personality Disorders and Mental Retardation	*Personality Disorders and Mental Retardation (Long-term Disturbances)*	*General Medical Conditions*	*Psychosocial and Environmental Problems*	*Global Assessment of Overall Functioning* (GAF: 0-100)

DSM IV - Axis 1

Disorders usually first diagnosed in Infancy, Childhood, or Adolescence

Learning disorder

Reading, mathematics and written expression

Motor Skills Disorder

Developmental Co-ordination Disorder

Pervasive Developmental Disorders

Autism, Rett’s, Childhood Disintegrative Disorder and Asperger’s Syndrome

Axis I

Attention-deficit and Disruptive Behaviour Disorders

ADHD/ADD, Oppositional-defiant Disorder and Conduct Disorder

Feeding or eating disorders of infancy and early childhood

Pica, Rumination Disorder, Feeding Disorder

Tic Disorders

Tourette's, chronic motor or vocal tics and transient tics

Axis I

Communication Disorders

Expressive language, mixed expressive/receptive language,phonological disorder, stuttering

Elimination Disorders

Encopresis and enuresis

Others

Separation anxiety, selective mutism, reactive attachment and stereotypy

Axis II

Mental Retardation

Mild MR (IQ: 50-70)

Moderate MR (IQ: 35-55)

Severe MR (IQ: 20-40)

Profound MR (IQ: below 25)

DSM IV

Axis III

General Medical Conditions

Axis IV

Psychosocial and Environmental Problems

Axis V

Global Assessment of Overall Functioning

(GAF: 0-100)

GAF Scores

GAF 90

Absent or minimal symptoms (e.g. minor instances of stereotypy), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns

GAF 50

Serious symptoms (challenging behaviour) or any serious impairment in social, occupational or school functioning (impaired social skills)

GAF 10

Persistent danger of severely hurting self or others (e.g. recurrent violence or self-injurious behaviour) or persistent inability to maintain personal hygiene or serious suicidal act with clear expectation of death

Disadvantages of Syndromal Classification

Difficulty arises with topographically-based systems when:

(1) different processes (factors) lead to the same outcome (topography)

(2) when different topographies are generated by the same process

Hence, it is essential to understand that topographies/symptoms are not necessarily tied to functions/processes

Cancer is an example of this type of diversification and researchers in this area no longer adopt a syndromal approach to this type of medical problem

Disadvantages

The functional success of the symptom-disease model is also limited

Almost no psychological diseases have been identified (with the exception of general paresis and a few clear neurological disorders)

Even biological markers have not been identified for psychiatric syndromes

On the contrary, in physical medicine, syndromes regularly evolve into diseases

Disadvantages

Symptoms are virtually non-falsifiable and syndromal categories are not stable characteristics, usually sub-dividing to form even more syndromes

Distinctions between syndromes on the basis of differential treatment outcomes are weak

Where this is the case, the mechanisms of change are often unclear

Disadvantages

Syndromal labels identify the individual rather than the behaviour and establish expectations for particular behavioural displays associated with the label

Syndromes are not explanations - when deemed causal, they are said to function as ***explanatory fiction***, because the label is deemed both descriptive and explanatory

Functional Classification

Functional classifications attempt to identify functional processes mapped closely to treatment -- topographical characteristics at the level of the individual are not the basis for classification

Once functional processes are generated, the symptoms that reflect these processes may then be identified

Functional analysis is the prime example of this type of classification system (although this approach is strictly ideographic -- studying *only* at the level of the individual)

Identifying Behavioural Problems

Behavioural Problems

Clear definitions of problem behaviour generate a straight and scientific path towards measurement, assessment and treatment

To enable a ***difficult child*** to become a ***good child,*** one has to specify and alter those behaviours which make her ***bad***

In other words, one has to *behaviouralise "badness"*

This means specifying in precise behavioural terms the actual behaviours you wish to change (e.g. throwing tantrums, pinching other children, or screeching)

Understanding Behaviour

You must also state the desired direction of change

For example, you may wish to:

- strengthen/increase toy-sharing

- weaken pinching

- limit shouting to playtime

Fundamentals of Behaviour Change

Identification:
Appropriate target behaviour selection

Definition:
Specify behaviours/responses precisely

Measurement:
Clear evidence of frequency, duration and intensity within an adequate baseline

Assessment:
Functional analyses of setting events

Treatment:
Changes in contingencies resulting from functional analyses

Identification of Target

Different people select different target behaviours, although there is general agreement about some more than others (e.g. tantrums)

Prior to beginning an assessment, it is important that the behaviour identified as in need of change is of social relevance ***to the client***

It is also usually evident that the desired change in the target behaviour will ***increase positive reinforcement and minimise punishment*** for that individual

Identification of Target

Useful Questions

Will increasing/decreasing this behaviour result in positive outcomes for the person?

Who will be the primary beneficiary of this programme (especially with non self-referrals)?

Is the target behaviour appropriate/typical for someone of that age -- for example, rhythmic head-banging occurs in approx. 15% of infants under 2 years of age?

Has the behaviour persisted for some time and is it interfering with quality of life?

Definition

Clearly define what behaviours constitute the target

For example, a tantrum might be operationally defined as the presence of any of the following: loud screaming, lying on the floor and/or hair pulling

The intensity of these events might also need to be defined

Adequate definitions of target behaviours require regular observation periods and usually video-taped evidence that can be scored for inter-rater reliability of 80% or above

Measurement

Count the frequency, duration and/or even the intensity of the behaviour over a baseline period (commonly seven days) to determine the nature and scale of the problem (e.g. how many times per day it occurs)

But, do not attempt to intervene at this point or this will affect the baseline

It is generally wise to rely more heavily on the data than on self-reports or the reports of others

Measurements must occur in a range of contexts (home, school, public places, etc.)

Assessment

The simplest way to understand an assessment of a target behaviour is to think in terms of ABC's:

- ***Antecedents***
- ***Behaviour***
- ***Consequences***

The basic assumption is that

"changing the context will change the behaviour"

ABC's

Antecedents cue the occurrence of the behaviour

These events may be in the near or distant past, they may even be anticipated or internal

Generally try ***not to avoid*** the occurrence of antecedents - it is better to encounter them, let the behaviour happen and then deal with it effectively

Antecedents may also come in the form of the ***absence*** of events

ABC's

A behavioural assessment also requires identification of the consequences that follow the behaviour

Consequences are often subtle or inadvertent (e.g. "Don't do that") and people find it difficult to identify consequences effected by themselves, particularly on their own children

Treatment

On the basis of what has been learned from the functional analysis on both sides of the behaviour, redesign the contingencies for behaviour change

Even if appropriate contingencies are set for extinction of the target behaviour, it will inevitably reappear (at least initially) because of the child's previous learning history

The variability that comes with extinction bursts can often be a useful index that the extinction of the behaviour will be forthcoming

Treatment

Not all strategies for behaviour change work with all behaviours all the time

Procedures often have to be adjusted or discarded to suit a particular situation

If you have been inaccurate or ineffectual, your intervention can be reviewed and modified until the best solution is derived

Advantages of the Approach

Describes problems in terms of the child's behaviour (not attributes)

"Mary is a hostile child"

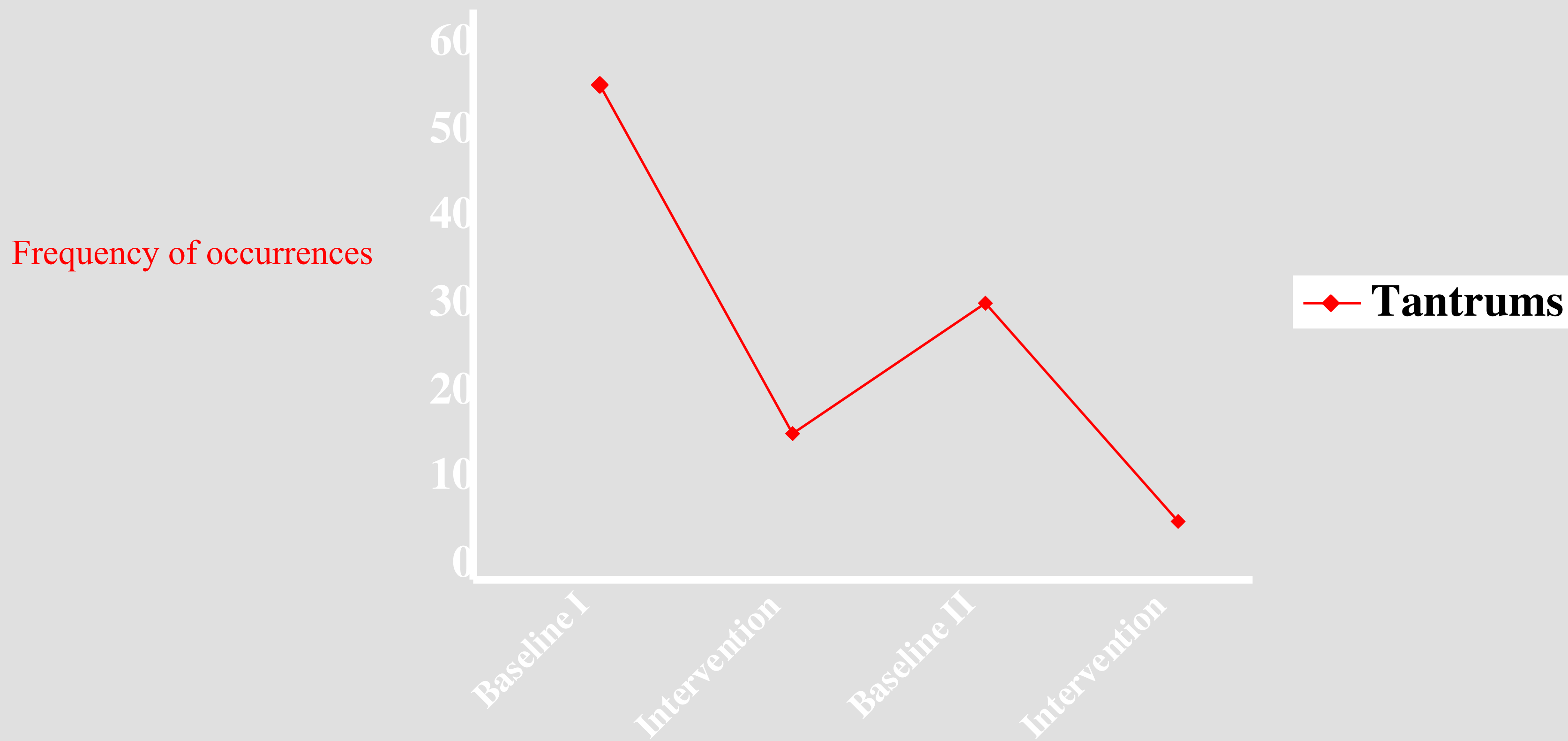
or

"Mary hits children more frequently than desirable"

Much of what a child does is learned - what has been learned can be unlearned and what has not been learned can be learned

The child is not the cause of her behaviour - it is the outcome of many variables

An Example of Behaviour Change



Case Study 1