Acknowledgments

I would like to dedicate this book to Peter. My professors taught me about behavior analysis, but Peter taught me about behavior, behavior change and how rewarding it can be to see children get better and give parents hope. B.F. Skinner is known for saying the “rat is always right.” Well in this case Peter was always right. Eventually I was never worried about making a clinical error because Peter always corrected me (and it wasn’t typically the nicest of corrections). I would also like to extend my thanks and gratitude to the following individuals who shaped and continue to shape my behavior:

Jim Johnston, Hank Pennypacker, Peter Harzem, Raymond Pitts, Dean Williams, M. Christopher Newland, Gerald Shook, Steve Starin, Michael Hemingway, Neal Fleisig, Vincent Carbone, Jim Partington, Patrick McGreevy, Steve Ward, Jeff Kupfer, Ennio Cipani, Glenn Latham, Eb Blakely, Brian Jacobsen, Pamela Tepsic, David Lubin and all of the kids, parents, and teachers that I’ve worked with over the past 10 years. Oh yes, thanks to visionary Steve Jobs, and all the people at Apple who helped me create some educational materials that are easily accessible, convenient and engaging. Of course Apple should be thanking me for making you all buy iPads...You’re welcome.

A special thanks to my wonderful wife Laraine who read this damn thing almost as much as I did and provided me with insightful feedback, the motivation and encouragement to finish the book and tried to keep me as politically correct as possible in my writing (the jury’s still out on that one).
Chapter 1

Introduction

Nice to meet you. I’m Merrill. No, not that kind of introduction. This is that part of the book that you usually just skip over, you know, like the foreward. Anyhow you really should read this because without it the rest of the book won’t make any sense. Nah, I’m just kidding you could totally skip this part. Still, it might help you to see where I’m coming from...
Who is this book for?

This book is intended to assist behavior analysts, special educators, and other professionals in their treatment of persons with disabilities who exhibit behavior problems in classroom settings.

Now, I realize that I use the phrase “behavior analyst” a lot in the book. This does not mean that if you’re a teacher dealing with behavior problems that I am not talking to you as well. Sure, sometimes I’ll say something like, okay teachers, leave the room now because I just want...
to talk to behavior analysts and I don’t want you to learn all our secret passwords and handshakes. Look, if you’re trying to understand behavior so that you can figure out 1) how you can behave differently, 2) how to change the environment, and 3) how to pick skills to teach, then this book is for you. Also, as long as we’re clearing the air here, I have worked with some of the most awesomely awesome teachers there could ever be. I have defended them, praised them, and listened to them patiently when they were in tears. Now that doesn’t mean that I haven’t consulted with some teachers who have no business teaching, but the same can be said of behavior analysts. I have the greatest respect for teachers, especially those who work with children with challenging behavior. I’m pretty sure that regardless of how balanced I try to keep things that I am going to burn somebody’s biscuits, but that isn’t my intention, just an unfortunate side effect of asking to people to take a good hard look at what they’re doing and why they’re doing it. I personally am not concerned with how “right” I am, but I am very concerned about continually increasing my competency. As I tell parents, I’m happy to be proven wrong if it means their child gets better and I learn something new and useful.

Regarding parents, although this book is not specifically intended for parents, it doesn’t mean that they won’t find useful information that might help them better understand their own child and how other professionals are trying to help him or her. So, although this book is intended for behavior analysts and other professionals with some knowledge of behavior analysis, parents are encouraged to read it as well as they, as a group, will be mentioned often and can be critically important in the success of their child at school. So, if you are NOT a member of one of the aforementioned groups of individuals, please put this book down immediately and try to get a full refund as soon as possible. I’m quite certain that you’ve got something good recorded on your DVR, and the sooner you watch it the sooner you can make space for the other 25 shows that you don’t have time to watch. Incidentally, sometimes I’ll be speaking directly to the behavior analyst, sometimes to the teacher, and sometimes to the parent. Be forewarned, this book contains within its massive pulp a veritable B-52 loaded up with a full compliment of “truth bombs.” I’m going to say some stuff that some people are not going to like, and
that's o.k. But I'm not writing this book to confirm what everyone has been told before. I'm going to be shaking the tree to see what falls loose. It's quite possible, in keeping with the tree-shaking analogy, that someone, including me, is going to get hit with a few coconuts, but if a blow to the head gets people to start thinking critically about what they are told (and that includes what I am saying) then the book will have served one of its functions.

What is the goal of this book?

This book is the product of over 25 years of experience in the field of behavior analysis and developmental disabilities, the last 10 of which were spent working with children with a variety of disabilities in public school settings. Although I am a traditional behavior analyst and do use the typical "tools of the trade" in terms of the assessment and treatment of behavior problems I have, like many long-time behavior analysts, developed my own style, methods, and "tricks" for treating behavior problems, but more so I have developed a particular philosophy that looks at the child in the broader context of how typically developing children (and adults) behave. Although I have written hundreds of recommendations for teachers working with children with behavior problems, this is not a book about how to write programs or how to conduct a functional assessment or even necessarily how to treat a specific topography (physical form) of a behavior e.g., "how to stop children from throwing things" or "what do you do with a child who is non-compliant?" Instead, this book will focus on how to conceptualize the problem that the child presents.

Emphasis on the Problem

During the last decade of my work as a Behavior Analyst I have begun to focus less on the behavior part of the phrase "behavior problem" and more on the problem part. Now my major professor, the venerable Dr. James M. Johnston would be rolling in his grave* if I didn't mention that the behavior itself is worthy of study in its own right

---

* Of course Jim would not actually be rolling in his grave because the last I checked he was still alive and well and, as he put it, "not that old." So, he would probably just be rolling in his sleep, but either way, he'd definitely be rolling.
and is not merely a symptom of some deep underlying psychological cause. Clearly, if a child is hitting her head, the head hitting must be stopped and there are a number of ways to stop the behavior. Some methods might require no analysis whatsoever, and some might require a functional analysis in which we manipulate variables that have been known to produce behavior problems and note the corresponding changes to behavior as a function of different conditions. Still other analyses might go even deeper to try to track down multiple variables in the causal chain, all of which "conspire" to produce the undesirable behavior. We can analyze behavior in various ways by changing from a zoom to a wide-angle lens if you will.

One way to explain this approach is that for a child exhibiting severe self-injurious behavior, the behavior is most certainly a problem, but it is most definitely not THE problem(s). Many clinical psychologists have criticized behavior analysts because, according to them, we treat only the symptom (self-injury) and not the underlying cause. Well, I believe that there is a certain grain of truth to that criticism. I would agree, that in some ways the behavior is a symptom, but that the variables that give rise to it are not necessarily "underlying" or even "deeply rooted" or any other subterranean metaphor. I believe that there is actually something to be gained by seeing behavior as a symptom, a very serious symptom, of a broader problem or set of interrelated problems. Now, for the behavior analysts in the room, I am not proposing that we forsake the holy grail of modern-day behavioral treatment and give up the Brian-Iwata-style functional analysis (Iwata, Dorsey, Slifer, Bauman & Richman 1994) in which we assess alone, attention, and demand conditions for their impact on behavior. I am suggesting, however, that such an analysis should be considered just the beginning of our assessment and not by any means the end.

Let’s take our example of the girl who hits her head. As mentioned above, we could have a significant impact on the self-injurious behavior by using a powerful punisher, or by providing copious amounts of positive...
reinforcement contingent on the absence of the behavior for a short pre-specified period of time. These "blind" procedures as I like to call them can, without question, have an impact on the behavior. I refer to them as blind because the clinician is blind to the reason(s) that the behavior is occurring and yet there is still a chance that the procedures will have a favorable outcome with little or no knowledge of the history of the individual or the development of the behavior problem. This is more akin to what people used to refer to as "behavior modification." My father once and forever modified my behavior of playing with a ball indoors (I broke a light fixture) through the single high velocity application of a fashion accessory used to hold up one’s pants. He didn’t particularly care WHY I was playing ball. He didn’t know if I was doing it to fulfill some primal need to visually track small objects, because I was avoiding work, to gain his attention or just because I was bored out of my mind. It turns out that it didn’t really matter because the behavior never occurred again. Behavior modified. End of story.

Modern-day behavior analysis goes quite a bit further and is arguably more elegant and certainly more analytic than my "Father's Behavior Modification." Today, it is generally considered to be standard practice to look at the immediate consequences that maintain a behavior at its current level to gain insight into "the function" of the behavior or the purpose that it serves in meeting some need of the organism (child). We also look at the antecedents (major players in the causal chain) to help determine not only why the behavior continues day after day, but also what kicks off any particular episode. Once we are reasonably certain of the function(s) of behavior, by conducting an analogue functional analysis (a.k.a. real-time experimental manipulation) or by administering a less powerful functional assessment (taking a guess at function via direct observation and/or staff interview and data review), we try to decide which behavior to teach or strengthen that will "serve the same function" as the problem behavior. The assumption, which is a reasonable one, is that the "replacement" behavior will take over for the naughty behavior and that said naughty behavior will be forever banished to the behavioral equivalent of the Island of Misfit Toys*. So for example, let’s say that we have determined that self-injurious behavior occurs only under demand situations. If we leave Paula alone, there is no self-injury. If she has been working for 5 minutes, self-
injury occurs. The consequence of the self-injury is that the teacher terminates the demand and Paula gets some impromptu "me time." The behavior analyst decides to teach Paula to sign "break" the moment she starts to appear agitated. Paula learns (eventually) to sign "break" unprompted, the self-injurious behavior stops, and now the behavior analyst only has to worry about the much-dreaded generalization and maintenance of the new replacement behavior.

Now this scenario is quite common, and, when successful, will result in the cessation of the problem behavior and the acquisition and (hopefully) maintenance and generalization of a new skill. Nonetheless, the overriding problem (not the underlying one) may still remain, and this is one of the main points of my book. The question of what maintained the behavior (escape from demands) has been answered, but other equally important questions may have never been asked. Questions like:

**Why does Paula wish to escape?**

**Does she always want to escape?**

**Does she hate all work or just certain kinds of work?**

**Does she hate work or does she hate the person she is working with?**

**Does she have difficulty with any task that is longer than 5 minutes?**

**Do other children try to escape from the same task? If not, why not? (very important)**

If we don’t attempt to ask and then answer these kinds of questions, I believe that our analysis/assessment is not so much incorrect as it is incomplete. When a behavior analyst explains the premise above to teachers, they will often say:

* Personally, I believe that a water gun that squirts jelly would be freakin’ awesome, particularly if you happen to like toast. If you have no idea what the hell I’m talking about then you need to watch the classic Rankin/Bass Rudolph the Red-Nosed Reindeer as narrated by Burl Ives. Long live the Bumbles.
"Okay, I get it, she doesn’t know how to say she doesn’t want to work, so we will teach her the right way to let us know, but what happens when she starts signing “break” all day long? I can’t just let her sit on her bean-bag chair all day! I have IEP goals to implement!"

This (highly valid) criticism can be dealt with by explaining to the teacher that we will teach the child (eventually) how to wait after she asks for a break or that she can only get a break 3 times in a row and then she has to work, etc. The problem remains, however, that we have not really addressed the issue of why she is so motivated to escape. In this hypothetical scenario, for our purposes here, the self-injury really isn’t the important issue. It’s a problem that must be stopped; we can all agree on that. The issue revolves around work and why she wishes to escape. We can certainly teach better ways to escape, but she’s in school and we need her to work so that she may learn. It is here, in my humble opinion, where the bulk of our work lies. If we conduct this kind of analysis of problems we will not only rid the individual (and society) of the problem behavior, but we will end up helping her be more successful at school and, dare I say it, happier.

**What topics will be covered?**

Although the emphasis of this text will be the assessment and treatment of problem behavior, other school-related topics will be touched upon as well including working with the major players (teachers, parents, principals, advocates, attorneys, and the much-dreaded advocate/attorney*). Other topics will include issues related to diagnostic labels as well as included classrooms and how they may positively or negatively impact a child’s behavior. There will also be a section on the use of restraint and seclusion in classrooms including how they both can be used properly, how they can be abused, the utility of using them at all, and what questions

---

* The only person more feared would be the advocate/attorney/physician/navy seal. This person could break your arm, adamantly defend their right to break your arm, and then preemptively counter-sue you on the grounds that your diet was deficient in calcium thus creating brittle-bone syndrome, which ultimately led to the aforementioned fracture.
Parents should be asking school officials about their usage. Naturally, no book about behavior change could be complete without addressing the issue of punishment, and there is a chapter devoted to that topic as well. The remaining chapters will be devoted to different categories of problems. These categories are:

1. Problems with reinforcers
2. Problems with aversives
3. Problems with adults
4. Problems with peers
5. Problems that are chronic vs. intermittent
6. Problems with repertoires
7. Problems with teaching and curriculum

Note that these categories are not organized by function of behavior (to get things/attention, to stop things, “automatic reinforcement” (self-stimulation), and escape/avoidance). Neither are they organized by type of behavior (aggression, self-stimulation, self-injury, pica, etc.). For example, we aren't going look at pica (eating inedible or non-food items) in terms of "how do you get rid of pica?" or "what treatment is good for pica?" but in terms of what kinds of problems does pica reflect? Well, for one it reflects a possible reinforcer problem, that is, the person’s behavior is controlled by aberrant (atypical) reinforcers. Chuck likes to eat pencil erasers and he is not supposed to like eating pencil erasers. We can still ask numerous questions about the pica behavior that may help reveal more about the individual and why he eats things that other children do not. Knowing that the pica may serve a so-called "automatic reinforcement" function (they do it because it feels good) will not necessarily help us specify other factors responsible for its occurrence or tell us what to do about it. Furthermore, these 7 categories are not necessarily mutually exclusive. That is, reinforcers and aversives can be seen as two sides of the same coin. Also, problems with adults may be related to problems with peers. For example, some children who like inordinate amounts of attention from adults (category 3 problems with adults), may also like a special form of attention characterized by angry facial expressions, (category 1 problems with reinforcers) and one way to
make adults angry is to attack children who are the most defenseless (category 4 problems with peers). So it is easy to see that a single behavior problem (hitting peers) could easily cut across several categories of problems. In attempting to see how any single behavior problem can be viewed from different angles and from different distances, it is easy to conclude that we can address not just one, but several problem areas. In addressing the problem from different perspectives we may help create more lasting, meaningful, clinical gains because we are not just trying to stomp out “aggression.”

Discrepancy Analysis

Although I’m not sure if she coined the phrase, (I only know that I did not) Dr. Christine Macfarlane at Pacific University has used the term Discrepancy Analysis, and she defined it as “the difference between what is required of a non-disabled peer in order to succeed independently in a particular setting and the current level of performance demonstrated by the student with severe disabilities” (Macfarlane, 1998). The term is also used in some educational testing instruments (Pearson WIATT-III). The term is generally used to refer to discrepant skills so that it is easier to determine which skills should be taught. Dr. Ennio Cipani, a good friend and colleague of mine has been using the term since the 1990’s, so he clearly scooped me, but that’s okay, he’s a good guy to get scooped by. He also used the term “performance discrepancy analysis” (Cipani & Schock, 2007)

I will use the term here to help the practitioner ask questions about what a typically developing child would do when exposed to the same kinds of situations as a child with disabilities who engages in problem behavior. For our purposes here, I would like to define a discrepancy analysis as: An analysis of the reasons why the child exhibiting behavior problems does not respond in the same (acceptable) ways as a non-disabled peer who is exposed to the same situations. A pretty simple definition, but then again, the concept itself is pretty simple yet useful. When analyzing the reasons why one child behaves one way and another child behaves a different way when confronted with the same problem, we would look at differences in skill levels, the absence of entire repertoires, differences in histories of reinforcement, differences in social environments, etc. My point is that there is typically a number of reasons why a child with a
disability displays behavior problems in situations that another typically developing child would not. There may also be several reasons why one student tries to escape from a math-based task and another does not. What I am urging the reader to do is to focus not on a single reason why a behavior problem continues but on a few of the reasons why the problem continues. True, we may never figure out everything responsible for a particular behavior problem, but we will most likely be more effective clinicians if we don’t stop our analysis at the first most obvious cause.

Problems

I’ll talk about a variety of kids I’ve worked with to help illustrate problems and the ways to conceptualize solutions to those problems for each category listed. I have purposefully changed the names and/or genders of the children in the examples and have withheld their diagnoses so as not to violate confidentiality. I usually don’t want to know their diagnoses anyhow, but that’s a discussion left for chapter 10. Please keep in mind that this text is not intended to be a behavioral “cook book,” nor is it a summarization of the current applied research, that’s a different book. I will however list references as relevant. This text is intended to give guidance and to help practitioners look in places they typically don’t look so that they may gain new insights into solutions for behavior problems. Applied Behavior Analysis is, in essence, an exercise in problem solving and, as a group, behavior analysts* are pretty good in that regard. That said, I still believe our greatest problem is that we are sometimes not very good at recognizing and then clearly stating the less obvious problems. While reading this book, please try to keep in mind that not all problems are so “high profile” as severe self-injury or aggression. Some problems are much less noticeable; they may not even result in a request for the services of a behavior analyst. Still, some children with disabilities can suffer not only from what they do, but also from what they have not yet learned how to do. Clearly, things that are problems from

* A behavior analyst walks into a bar… I’m just kidding. All the behavior analysts I know would never have left the bar to begin with and, if you’ve ever been to any behavior analysis conferences, you would realize that this truth is self-evident.
an adult’s perspective are not always problems from the child’s perspective, but the opposite is true as well. Incidentally, in case you haven’t noticed, the word “problem” has already appeared 56 times and we haven’t even gotten past the introduction, which I fear may be problematic (make that 57).

**Diagnosis**

The reader (i.e., you) will notice that I am not going to give the diagnosis of the children in the examples I use. Sure, many of them have had the label “autism” bestowed upon them, but many have not. *This is not a book about treating autism.* In fact, I’m probably going to lose anywhere between 25% and 50% in book sales because the word “autism” is not in the title, but that’s the price you pay for being non-compliant. If I were really clever, I would have somehow worked it into the title in a way that didn’t undermine the theme of the book like, “Adventures in Special Education That Are Totally Not All About Autism!” At least that way google searches would pick it up.

This book is instead about treating children with behavior problems (of which children who are labeled “autistic” are a subset). It is my firmly held belief that we are not all that different, none of us. We all work basically the same way. We love things, we hate things, we are happy, we are sad, we are indifferent and we are angry. We are, to a great extent, categorized as different from one another according to what bothers us (and to what degree), what we love, what we can do and what we can’t do. No doubt, things are certainly more complex than this, and yes, biological and genetic variables and neurochemistry and neuroanatomy may be more relevant in some cases than others, but by and large I believe that those differences just mentioned, make up the bulk of the functional differences between developmentally delayed and typically developing individuals. The can of worms that is diagnosis will be opened up (with a mallet) in Chapter 10, but I just wanted to orient everyone and explain the **blatant absence** of diagnostic labels throughout the book. I would like everyone, at least while reading this book, to remove their diagnostic glasses and view children as children and not as autistic, ODD, PDD, OCD, ADHD, or any of the other labels ending in “d” with the exception of the label “child.”
What population of special needs kids are we talking about here?

I’m so glad you asked that question! As Jim Johnston likes to say, behavior is behavior. I have worked with all ages of kids functioning at all kinds of levels and having all kinds of diagnoses. Verbal, non-verbal, medically fragile, and multiply handicapped. I still conceptualize problems and solutions the same way. What’s the most significant difference between children to me? Talking. Some of the strategies in this book require a reasonably sophisticated level of language, that is, the child would be able to have a conversation with you. Only some of the strategies require good language. I am confident, regardless of the population you work with, that you will find something of value here. A thorough understanding of the problems of reinforcers and aversives alone cuts across all levels of functioning. Working with children who are entirely non-verbal has its special challenges, but the same principles apply.

Curse Words

This book is written in a sort of unusual style. Some of it is more pedantic and technical in nature, and some of it is more conversational. The only problem is that when I converse with people I tend to curse a bit now and then. I’m an emotional person and it’s just how I talk sometimes. I don’t do it to be offensive; nonetheless, I have been advised by some colleagues that using bad words might be seen as unprofessional and off-putting and might sully my message and/or distract the reader from my main points. Now, one individual suggested that I use the word “diddly” in place of another more vulgar term, yet “diddly” doesn’t quite convey the same feelings, emphasis, or sense of exasperation or urgency. To remedy the situation, I have decided to use ampersands, asterisks, exclamation marks, and the “at” sign, etc. to convey to the reader that I’m cursing. That way the reader may insert whichever word he or she is comfortable with and technically there will be no foul language in the book. Sure, I may use some phrases that might increase the probability that readers will think of a bad word, but only if they had a general inclination to do so in the first place.
So, you should most certainly feel free to replace "*&^#$ with “diddly” or “squat” or you can even go old-school with “horse feathers” which was also a great Marx Brothers movie. Personally, I don’t see what the big &*$%@! deal is, but I suppose that my colleagues are correct. What?? I just meant “freaking,” man you guys are such foul readers!

Questions

Lastly, this book is about questioning. I give a lot of advice in this book and I think some of it is probably pretty damn good, but that’s just me. I am not a researcher, I am a clinician, but I was trained in how to think critically and in proper scientific methodology and I know enough to leave room for doubt in the things that I think. This book is not about me telling new behavior analysts or teachers what to do, it’s about things that I have personally found useful and that others have found useful as well. I urge the reader to keep an open mind and to question what I have written, then go back and read again and think about it some more. Even after I write something, I’ll look at it 3 months later and say, “What the hell was I thinking?” “That was total crap!” It seemed great at the time though. This is not very unlike most scientific endeavors. It’s not that we’re simply looking for the next best thing, but that we are willing (hopefully) to let go of what might turn out to be the second best thing when something new just makes better sense. I ask lots of questions in the book, just like I ask during my consultations. It’s good to ask questions. It means we’re thinking. All I hope for is that this book will get all of you to start asking more and better questions and I’m hoping to give you all good question-asking ammunition. Everyone needs to ask more questions. Parents need good questions to ask. Sometimes they know something is not right with their child’s education but they don’t know what to ask. Sometimes the teacher fundamentally knows the child quite well, but the behavior analyst isn’t asking the right questions to bring out the information. I see people who spend a lot more time complaining, demanding, and brandishing the sword of litigation, instead of asking good, productive questions that might lead to some meaningful solutions. If this book helps any of you come up with some better questions in your work with children with special needs, then it will be well worth the effort. Some people will find this book very helpful and
entertaining and they may be very thankful, some may find it highly aggravating, and still others may even find it a complete waste of their time. To all of you, respectively, I would like to say, you’re very welcome, take a Xanax, and no refunds!

Merrill Winston, Ph.D., BCBA-D 1/5/2012

**Review 1.1** Yes there’s a test!

**Q:** So, what is the point of this book?

- **A.** Sorry, but I got confused by the video
- **B.** I accidentally downloaded this from iTunes instead of Angry Birds
- **C.** Merrill got tired of saying the same things over and over so he decided to write them all down to save time
- **D.** I’m sorry, I just got a text, what was the question again?

Check Answer
Chapter 2

Problems With Reinforcers

No silly! Reinforcers are not bad things! Not really. Well in most instances they can be pretty darned helpful, but there are many ways that this whole reinforcement thing can go awry. It doesn’t mean you should boycott reinforcement or ask congress to pass the anti-reinforcement in schools legislation, but it does mean there’s more than a few problems with its use. Read on brave practitioner!
Although many people (including behavior analysts) might lead you to believe that punishment is the true root of all evil, the opposite is actually true. Positive reinforcement, more specifically, certain reinforcers, are responsible for an unimaginable amount of human suffering. Punishment never even stood a chance for the title of "scourge of humanity." Poor punishment, always a bride's maid and never a bride. We'll return to issues with punishment in another chapter. Why do I say
that positive reinforcers can cause such misery? Well, for one, there is an entire government agency whose sole purpose is to control the use and distribution of some of the most potent reinforcers known to man. Yes, the Division of Alcohol Tobacco and Firearms. Three great things that go great together. As a nation, we love our cigarettes, we love our alcohol and we love our AK-47s. Unfortunately, too many people love them in exactly that order. There are entire specialized divisions of law enforcement agencies devoted specifically to the apprehension of criminals who peddle potent, life-destroying reinforcers. The DEA is another division of law enforcement that "polices" reinforcers that are so insidiously powerful that people are willing to both die and kill for them. Vice divisions of police departments also concern themselves with powerful reinforcers, namely gambling and prostitution. Where is the law enforcement division that handles response-cost, time-out, point-loss, having your gold stars taken away and losing that much-coveted trip to Burger King? Speaking of Burger King, the fast food industry is roughly the equivalent to the Columbian Cartel when it comes to selling the public powerful reinforcers that destroy lives. Admittedly, no one has ever killed anyone over a Value Meal; well perhaps if it were super-sized, it's hard to say for sure. Nonetheless, fast food is another genre of fantastically powerful reinforcers that can contribute to an array of health problems. My point is that reinforcers aren't always so nice-nice like gold stars, praise, goldfish crackers and skittles, and sometimes they are a little funky. To each their own, until it becomes harmful or illegal or requires the services of a behavior analyst.

**Remember, there are no bad kids, just bad reinforcers.**

There are reinforcers that are "good for you" and then there are those that really aren't good for anybody, especially when it comes to behavior problems. Some of these "bad for you" reinforcers are common, but still problematic. Some of these other "bad" reinforcers are what I like to term "aberrant" or perhaps "atypical," which sounds nicer. The former makes it sound like the person needs 10 years of psychotherapy and a trial of Abilify. At least the label "atypical" just means that, statistically, you're way out at the tails of that bell shaped curve. Atypical reinforcers demonstrate how a traditional
functional analysis just does a drive-by in terms of specifying the scope of a behavior problem. Of course, the category of atypical reinforcers is only one of a number of categories of problems with reinforcers. Here are the ones we will examine in detail.

**Atypical reinforcers**

- Intermittent reinforcers
- Insufficient reinforcers
- Short-lived reinforcers
- False reinforcers
- No reinforcers
- Uncontrolled reinforcers
- Low Rate reinforcers
- Delayed reinforcers
- Reinforcement magnitude problems
- Reinforcers contingent on non-behavior

I suppose, for clarity, any discussion of reinforcers has to be preceded by a definition so let's get that out of the way first. Most of you are familiar with the positive/negative reinforcement distinction and some behavior analysts like Jack Michael (Michael 1975) question the utility of the distinction, but that discussion is for another book perhaps, and I haven’t even finished this one yet.

**Positive Reinforcement**

The presentation of a stimulus contingent on a response that results in an increase in the future frequency (or probability) of that response (Cooper, Heron, Heward,) 2007).

**Negative Reinforcement**

The termination, removal, reduction or postponement of a stimulus contingent on a response that results in the increase in the future frequency (or probability) of that response (Cooper, Heron, Heward,) 2007).
For now, we will concern ourselves primarily with positive reinforcement, because we all know that negative reinforcement is evil and should be shot on sight.

1.1 Atypical Reinforcers

As mentioned earlier, I am using the term "atypical" because I really hate passing judgment on persons with disabilities. I like to try to see things from their perspective as much as possible. I decided against "aberrant," "detrimental" or "non-socially normed" reinforcers, and I was also discouraged from using my favorite phrase "%@!* people shouldn't like" as my wife Laraine told me that it probably would not be seen as very professional, and anyone who knows me knows that I am all about the decorum. Atypical reinforcers could take many forms like something that is just kind of unusual for the child's age (Johnny likes caviar and not McNuggets), or something that is unusual for most people (like a young lady who insisted that you open your mouth so she could see all of your teeth), something that is unacceptable/unlawful (like a young man who thought it was hilarious to gently fist bump the breasts of an ample bosomed lady and watch the subsequent mammillary oscillations), or something that is just plain dangerous (jumping off of the tallest point you can find in the immediate environment). Atypical reinforcers in their most dangerous forms may result in sexual assault, battery and homicide. For the purposes of this book however, I would like focus primarily on those atypical reinforcers that are unusual, unacceptable and dangerous.
Chapter 3

Problems With Aversives

If you’ve ever said to anyone “Don’t you hate it when...” Then you’re talking about aversives. I really can’t understand the whole “non-aversive” movement, not to mention the fact that I find that movement to be very aversive so how could it be non-aversive? Theoretically, I should love it! I agree that we shouldn’t be mean and nasty to people, but aversive isn’t as simple as mean and nasty. Like love, aversive is a many splendored thing...If you’re not at least 70, you won’t get the reference (I barely get the reference) so click the link!
As outlined in the previous chapter, there are clearly many things that can go astray when using reinforcers, and problems with reinforcers can absolutely cause and maintain numerous behavior problems. Aversives can be seen as the yin to the reinforcer's yang, or vice-versa. I’m not entirely certain which paisley is the male (evil) one, the white one with the black dot in it or the black one with the white dot in it, which reminds me of another Star Trek episode, but we'll save that for another time.

Section 1

Introduction

1.WHAT'S INSIDE...

1. Introduction
2. Common Aversives
   2.1. Tasks
3. Common Aversives Continued:
   3.1. Extinction Conditions
   3.2. Blocked Access
   3.3. Reinforcer Removal
   3.4. Words associated with reinforcer loss
   3.5. Aversive Properties of Positive Reinforcement
4. Other Aversives
   4.1. Private Aversives
   4.2. Response-Produced Aversives
   4.3. Atypical aversives
   4.4. Non-aversives that should be aversive
5. Handling problems with aversives: The 6 “Ates”

As outlined in the previous chapter, there are clearly many things that can go astray when using reinforcers, and problems with reinforcers can absolutely cause and maintain numerous behavior problems. Aversives can be seen as the yin to the reinforcer's yang, or vice-versa. I’m not entirely certain which paisley is the male (evil) one, the white one with the black dot in it or the black one with the white dot in it, which reminds me of another Star Trek episode, but we'll save that for another time.
Chapter 4

Chronic Vs. Intermittent Problems

You would never suspect that a low frequency behavior problem would ever be more challenging than a high frequency behavior problem. Well this is another example where less is more...More of a problem in figuring out what the problem is. Not only is the less frequent nature of the behavior challenging, but the lack of regularity as well, and trust me, no one likes to be irregular.
I included this chapter because the frequency and regularity of a behavior problem can sometimes be clues to some complex and/or poorly understood variables that may contribute to that problem. The frequency of a behavior, in many instances, can tell us a lot about the nature of the problem. For example, someone who hits her head 5 times per minute is a very motivated individual. That’s a lot of work. Someone
What? You mean there are some problems that are only related to adults? Yep. When I was a kid, the only problem with adults was that they existed. When a grown-up showed up it was never good news. They ruined your fun, chased you off their lawn or threatened to call your parents. Whether kids like ‘em, love ‘em, or hate ‘em there are often problems that occur with adults that just don’t happen with peers. Sometimes it’s vice-versa, but we’ll talk about that in chapter 6. Read on, and then go brush your teeth and get to bed!
When I am getting a feel for a behavior problem, when first talking to a teacher, I typically ask if the behavior occurs primarily in situations with adults, situations with students, or both equally. I’m not so much trying to discover if the behavior is maintained by attention, I’m just trying to narrow the field a little bit. I would strongly recommend to anyone assessing the function of behavior to leave the door open on your conclusions. This is the way science should
Chapter 6

Problems With Peers

Well, I think it’s safe to say that Melissa is going to miss her turn to be line leader today. This is why teachers are now using document cameras and LCD projectors instead of blackboards. You just can’t turn your back on them for two seconds! Even typically developing children have problems with their peers, but these problems multiply for many children with disabilities. Just as there can problems related exclusively to adults, there can also be problems that are just between kids. Oddly enough, these problems can be easier to solve as the kids are more likely to cooperate!
Just as some problems are primarily related to adults, some problems are primarily related to peers, and it doesn’t necessarily mean that the child’s peers did anything to him. I mentioned in the last chapter that sometimes the child’s problem occurs equally with other children or adults. In this case, it may be necessary to investigate everything outlined in Chapter 4 as well as in the current chapter to help rule out potential contributing factors. You
There once was a kid with no repertoire,
and nobody thought he'd go very far,
till we taught him some skills,
that addressed all his ills...
and the plaintiff's attorney dropped the lawsuit

You’re correct, it’s a severely flawed limerick, but you've got to admit that it had a happy ending.
If ever there were a French word that had tremendous significance for behavior analysis treatment and assessment, "croissant" would not be it. However I’m really hungry right now and a croissant sounds more appetizing than "repertoire." You can almost always trace behavior problems back to repertoire problems. In fact, I like to view behavior problems as primarily skills
Chapter 8

Teaching and Curriculum Problems

“If telling were teaching we’d all be so smart we could hardly stand it.” (Mager, 1968).

“If you’re trying to teach an angry child with no language how to write his name, you’d better be wearing your denim jacket.” (Winston, 2012)
Those who can’t do, teach. Those who can’t teach, teach gym. And, uh, those who couldn’t do anything, I think, were assigned to our school.

--Woody Allen (Annie Hall)

I’m not sure what people do when they can’t teach gym, maybe they become an administrator (rimshot), but the ones who can teach gym are most certainly very angry and looking for me. Now teachers, before you start the hate mail, I would like to remind Woody Allen that teaching IS doing, and teaching well is one of the most challenging and rewarding things a person can do (thanks Laraine). Also, I know people who know lots of things and can
Chapter 9

Problems With Punishment

Sorry Wolfie, this time-out hurts me more than it does you. Looks like they’ll be no access to butt sniffing for at least a few minutes. I know it’s supposed to be like 1 minute in time-out per year of a child’s age, so if he’s one year old does he get 7 minutes? Looks like it’s time to email the Dog Whisperer.
Section 1
Problems With Punishers

WHAT'S INSIDE...

1. Punishment
   1.1. Naturally Occurring Non-Socially Mediated
   1.2. Naturally Occurring Socially Mediated
   1.3. Programmed Socially Mediated

2. Why “Punishers” May Fail to Suppress Behavior
   2.1. Why Traditional “Punishers” Might Actually Cause Behavior Problems

3. Teaching Children How To “handle” Punishers
   3.1. Isn’t Punishment Just Abuse?

THE FULL BOOK HAS 45 MINUTES OF VIDEO IN THE FORM OF AN INTRODUCTION FOR EACH CHAPTER

If you’ve ever read Dostoyevsky’s timeless novel Crime and Punishment, then you’ve read one more classic piece of literature than I have, perhaps you can email me the synopsis. Although it wasn’t always this way, punishment has unquestionably become the “Darth Vader” of behavior analysis. With the advent of "positive behavioral supports" (which I guess would be Luke Skywalker) people have begun to believe, quite erroneously, that punishment must be a "negative" procedure, as you just can’t have a positive without a negative. Well I
have news for all of you, are you sitting? **Punishment is**
reinforcement's father*! 
Chapter 10

Problems With Diagnoses

Can a diagnosis change behavior? Absolutely. It very often changes everyone’s behavior, except of course for the individual with the diagnosis. Some people believe that it is critically important to know the diagnosis in order to do good treatment. I would argue that sometimes a diagnosis may actually prevent good treatment. But I won’t argue the point here, this box I’m typing in is far too small...
I'd like to kick off this chapter with a few quotes…

“In today’s society, consumed with the idea that many of our problems are beyond our control, we have steered away from descriptions of how people behave and have drifted, dangerously, towards prescriptions for what people have…”

“Children once described as being a problem are now described as having a disorder…”

“There is a disturbing trend to attribute extremes in behavior, that could be explained by natural variation or strengthening through..."
reinforcement, to something that is fundamentally (i.e., medically) wrong with the person...”

“We are rapidly becoming a nation in which falling at either end of the bell shaped curve of human behavior is taken as evidence that we must have something and that only medication can return us to the safety and sanity of the middle of the distribution.”

---Merrill Winston, 4/16/05

“The really great thing about quoting yourself is that it's really hard to screw it up, and even if you did, no one would know about it but you.”

--Merrill Winston (later that same day)
Chapter 11

Problems With Inclusion

Why on Earth would I want to walk through this emotionally charged minefield? Hey, somebody’s gotta do it, it may as well be me. Don’t get me wrong, I’m not here to trash the concept of inclusion, I like it. I’m here to bolster the concept of doing the best teaching of the best skills as quickly as possible. Follow me into the breach if you dare...
1.1 What has Inclusion got to do with behavior problems?

Good question. Why am I broaching the topic of inclusion in a book about dealing with behavior problems? Because it can, in many instances heavily influence the acquisition of new skills and the prognosis for behavior problems. There I said it. Inclusion is not always, as Martha Stewart likes to say, “A good thing.” Am I saying that we should not strive to place children with disabilities with typically developing peers? On the contrary, I believe, like many others, that there are some real benefits for a child to be educated not simply in the same...
There are a lot of people up in arms (no pun intended given the photo to the right) about restraint (and seclusion) use in schools. They should be up in arms. There are numerous problems not just because restraint is used improperly, but because the behaviors that sometimes necessitate their use have not been properly treated. The more severe the behaviors, the more implications for this particularly controversial topic. But you guys know me, I’m all about the controversy...
This is the time for all the disclaimers. First of all, I am not going to tell anyone that restraint in schools is necessary in any absolute sense, but then again, who do you wish to attend public school? When I was a child, when the tablets we used in school weren’t made by Apple, there were zero restraints in schools. There were no seclusion time-out rooms. There were no behavior programs. There were no children with disabilities, at least not at my elementary school. Even when there were children with disabilities in my middle school there were no behavior problems. The police never got called to the school. If
Achieving behavior change is a group effort. It isn't accomplished by the behavior analyst, and even the teacher cannot typically change behavior alone. It is a group effort. Certainly some people will have a greater impact than others, but to get the fastest and most durable change, we all have to be on the same page. Of course the page itself needs to be written properly, because everybody agreeing on the wrong thing does nothing for the child.
Okay, this one is for the behavior analysts in the room. Teachers, parents, and administrators please step out of the room and enjoy some refreshments. Are you gone yet? Okay, you can stay but try not to interrupt. As most of you may already know, you can't do %@!* without the cooperation of others. I take that back, you can, as Ogden Lindsley used to say, "play with pencils" (thank-you Pat). Og, whom I have only met once briefly in an elevator, meant that you can write behavior plans or do your functional assessment, or write a stupid book that probably won't...
sell very well, but if you don't actually change behavior,
then it's just billable hours. Of course this book isn't even