

DEFINING AND APPLYING ASSENT AND ASSENT WITHDRAWAL PROCEDURES IN BEHAVIOUR ANALYTIC SERVICES FOR AUTISTIC PEOPLE

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**POSITIVE BEHAVIOUR
SUPPORT CONSULTANCY**



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INTRODUCTIONS

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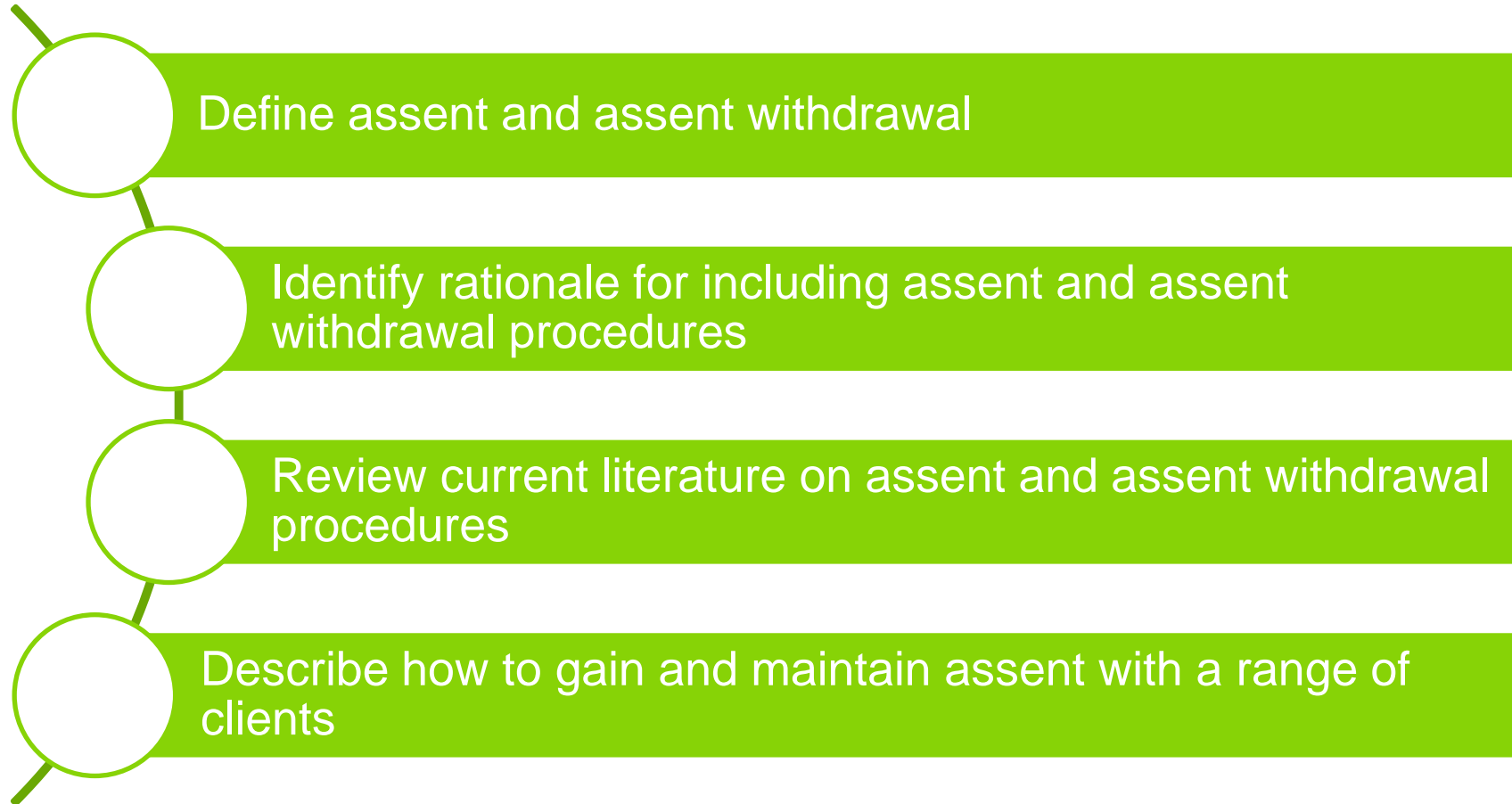
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LEARNING OBJECTIVES



DEFINING ASSENT

**POSITIVE BEHAVIOUR
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CONSENT VS. ASSENT

Consent

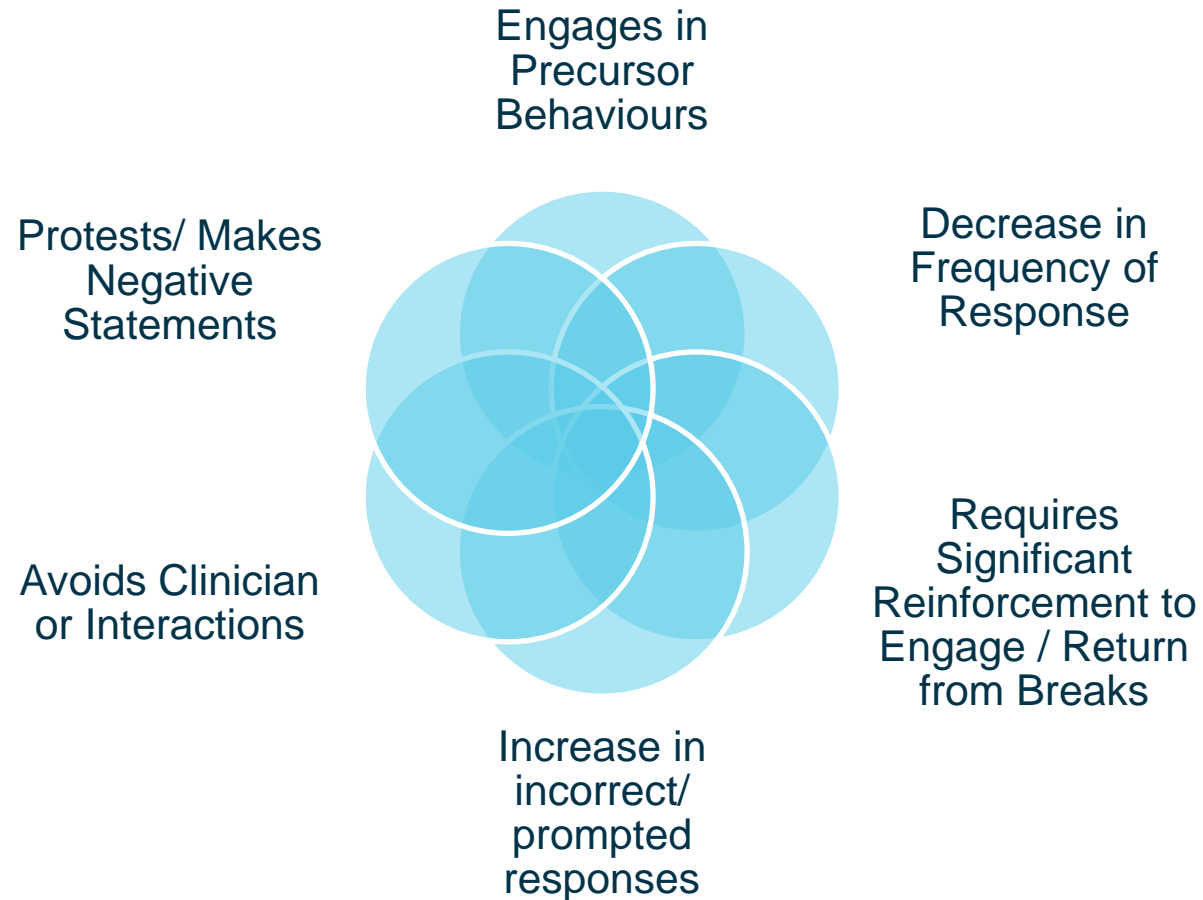
Noncompliance

ASSENT WITHDRAWAL

An expression or demonstration of disapproval; an unwillingness to participate. (Merriam-Webster, 2003)

An indication that there is something **aversive** in the environment (e.g.: sensory aspect, related to teaching arrangement, interpersonal, etc.)

EXAMPLES OF ASSENT WITHDRAWAL



RATIONALE

Why Behaviour Analysts should be adopting assent-based practices

SOCIAL VALIDITY

The social significance of intervention goals, *social acceptability of intervention procedures*, and social importance of effects. (Kazdin, 1977)

PREVENT AND AVOID

Ableism

- Unfairly favouring or prioritising the needs of neurotypical people.

Trauma

- The lasting emotional response that often results from living through a distressing event.

ETHICS & EXTINCTION



ETHICS CODE & EXTINCTION (BACB, 2020)

Rationale for Extinction Procedures	Rationale for Assent-Based Procedures
2.01: Providing Effective Treatment	1.07: Cultural Diversity & Responsiveness
2.13: Selecting Designing & Implementing Assessments	1.08: Nondiscrimination
2.14: Selecting Designing & Implementing Interventions	1.10: Awareness of Personal Biases
	2.01: Providing Effective Treatment
	2.09: Involving Clients
	2.13: Selecting Designing & Implementing Assessments
	2.14: Selecting Designing & Implementing Interventions
	2.15: Minimizing Risk
	3.01: Responsibility to Clients
	5.01: Protecting Rights of Clients
	6.04: Informed Consent (and assent)

RATIONALE FOR ASSENT

- Behaviour analysts have an incredible amount of power to change behaviour and must do so ethically and responsibly. Therefore, we should:
 - “Create a culture in which the learner’s agency and autonomy are valued and prioritised which are then supported by policy, procedures, and supports provided.” (Kelly Ferris, BCBA, LBA Organisation for Research and Learning).
 - Support and honour self-advocacy
 - Maintain client dignity and happiness

RESEARCH ON ASSENT

**POSITIVE BEHAVIOUR
SUPPORT CONSULTANCY**

EVIDENCE BASE FOR ASSENT PRACTICES

The need to ensure service users' rights to personal liberties while also maintaining their right to effective support and interventions is essential (Bannerman et al., 1990).

- Service users have the right to **choose and refuse**
- Clients have the right to **select their own goals**
- Individuals should be **motivated to participate** in learning activities
- **Choice making** is not often taught or promoted

- **Barriers identified** to adopting this person-centred approach included:
- The individual **making bad choices** related to health or safety
- **Limiting progress** on critical independent living skills

ASSENT & RESEARCH

- Numerous studies have been published on the need to gain and maintain assent when **conducting research** (medical and behaviour analytic) with children and vulnerable adults over the last 20 years.

Docket et al., 2012	Docket et al., 2013	Giesbertz, 2014	Huser et al., 2022
Lambert et al., 2011	Miller & Nelson, 2006	Morris et al., 2021	Onoh et al., 2014
Roth-Cline & Nelson, 2013	Ungar et al., 2006	Vitiello, 2003	Wendler, 2006

EVIDENCE BASE FOR ASSENT PRACTICES

Research demonstrating **clinical applications** of assent-based practices with Autistic children, young people and vulnerable adults is still nascent (Breux & Smith, 2023).

VOTING WITH THEIR FEET

(FABRIZIO, 2005)

- Children have the right to **opt in and opt out** of learning
 - They should be given a choice of whether or not they want to be taught
- Withdrawals of assent should be **honored and monitored** alongside data on skill acquisition
 - The teaching environment should be adjusted when assent is withdrawn
 - “Escape behaviour” should be viewed as feedback on our teaching
- Results showed assent withdrawal and “escape behaviour” decreased to 0 per month while new skills increased.

Students should “remain happy whilst we teach them”

“A disinterested learner is a misplaced learner, or an uninteresting learning environment. We measure assent withdrawal across programs and let it inform and define the success of our intervention. We also teach children to appropriately advocate for preferred teaching arrangements and to better their social environments.”

-Scott Born (Reed, 2014)

TOWARD TRAUMA-INFORMED APPLICATIONS OF BEHAVIOUR ANALYSIS.

- Components of trauma-informed care (TIC):
 - **Ensure safety and trust:** TIC prioritises establishing a safe physical and emotional environment where a client's needs are met and provider responses are consistent and respectful (Guarino et al., 2009).
 - **Promote choice and shared governance:** integrate procedures and practices that support client control, choice, and autonomy (DeCandia et al., 2014).
 - **Emphasise skill building:** emphasises client empowerment.

“It is possible and probable there are clients who arrive at the doorstep of services with history of trauma that may remain unknown. As well, may routinely experience traumatising events (e.g., going to respite)”.

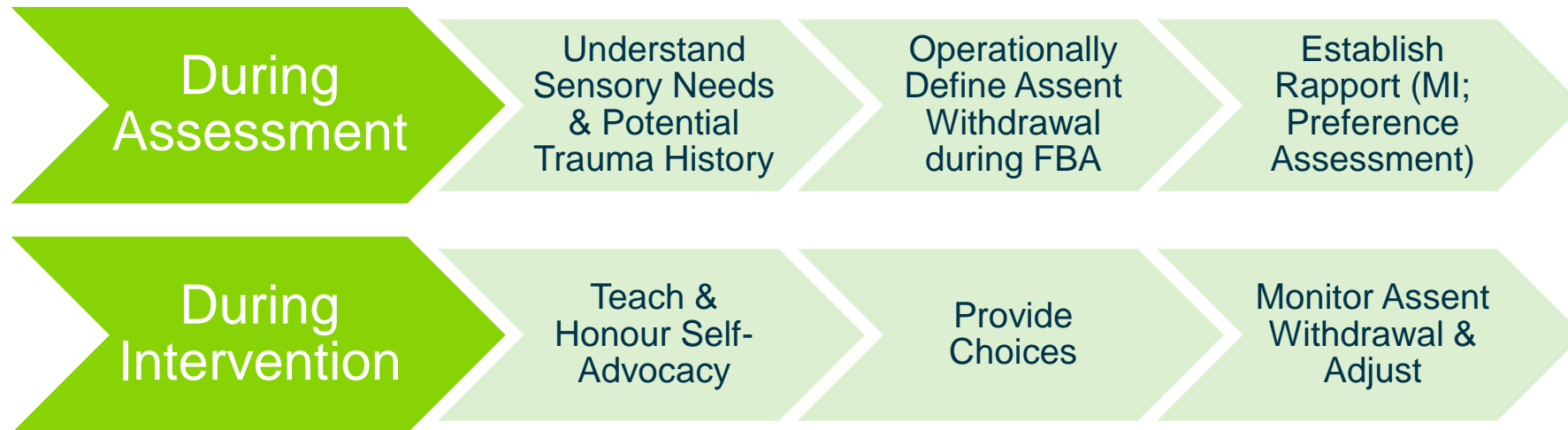
ASSENT IN ABA & PBS

(BREAUX & SMITH, 2023)

- Assent-based interventions equate to a Person-centred approach
 - Includes assessment, intervention and all other decision making
- Assent withdrawal is to be honoured, regardless of how it is communicated (vocally or non-vocally)
- Limited published research on applications of assent-based practices
 - This **does not** equate to assent-based procedures being a choice for clinicians to implement or not

INCORPORATING ASSENT IN PRACTICE

IMBEDDING ASSENT-BASED PRACTICES



CASE EXAMPLE 1

Ella is a 3 year old female diagnosed with ASD. She will communicate some of her wants and needs using 1-2 words but is inconsistent. Her parents report she engages in BoC including: vocal protest, flopping/dropping, crying, throwing objects, and biting others. She is not in school/nursery and has no history of interventions or support.

During the FBA, it is identified that BoC occur when demands are presented (e.g.: brush teeth/hair), when preferred items/activities are terminated (e.g.: iPad), or when preferred items/activities are not available.

- **Assent:** Ella cooperating with instructions from adults readily, looking towards/moving towards adults when they are in the room, smiling/laughing, playing with toys near adults
- **Assent Withdrawal:** Ella saying no, holding her body stiffly & furrowing her brow when approached by an adult, or requiring more than 2 prompts/reminders with a familiar/known instruction

CASE EXAMPLE 1 (CONTINUED)

Proactive Procedures

- **Environmental Arrangement:** Adjust environment / materials based on sensory needs
- **Pair:** Establish rapport with Ella so she feels connected and in a safe space
- **Priming:** Provide warning before transitions from preferred activity or to non-preferred one
- **Choice:** Choice of alternatives when preferred items not available; Choices of people/materials/locations during non-preferred demands (e.g.: toothbrush/toothpaste)
- **Shaping:** Let Ella take the lead on setting threshold for difficult tasks: fade in instructions
- **FCT:** Teach Ella to communicate her wants and needs (mand) vocally and/or with a picture exchange (ensure this is across all functions)

Assent Withdrawal Procedures

- **Honour Assent Withdrawal:** Remove instructions and re-establish motivation (pair, repeat preference assessment) and repeat instruction. If assent not gained change instructions and represent original one later. Collect data on AW, graph & analyse.
- **Self-Advocacy:** Prompt Ella to use functional communication (picture icon) to say “stop,” “not now,” or “no” based on context.

CASE EXAMPLE 2

Pippa is a 16 year old autistic female. Pippa communicates with her family and, professionals vocally. Parents report she engages in BoC which includes, physical aggression towards mum, and siblings. Pippa had also not left her home for more than two years (since covid-19 pandemic). Pippa had not attended an education provision since Year 8.

During the FBA, it was identified, following BoC Pippa reliably avoids/escapes demands within her environment (e.g., not attending school), and, private events. She gained some acknowledgement (from mediators) and, remained at home with access to her mobile phone, games consoles etc.

- **Assent:** Pippa cooperating with clinicians, talking to clinicians in shared conversation, playing games (e.g., card games), completing assessment tools, smiling, telling jokes, vocalising she is happy to see clinicians on the day.
- **Assent withdrawal:** Withdrawing to her bedroom, and “pretends” to be asleep, may engage in BoC towards mum if she knows clinicians are attending, wearing her hoodie over her face during clinician interaction, shrugging of shoulders and saying statements like “this is ***”

CASE EXAMPLE 2 (CONTINUED)

Proactive Procedures

- Using tools like **EPOCH Measure of Well-being/PERMA Profile** to allow Pippa's voice to be heard and wants and needs known. Used the output graph to show Pippa, and professionals.
- Giving **choice** and understanding Pippa's **values** to guide and inform intervention.
- When Pippa voiced something wasn't working, clinicians reviewed intervention with Pippa and, the data collected. In doing so, broke down intervention steps further to ensure **transparency, and honest communication.**

Assent Withdrawal Procedures:

- **Self-Advocacy:** Prompt Pippa to say, "I don't want to see anyone today" if she wasn't feeling up to it and, clinicians will **honour** this. Mum would prompt this in absence of clinicians.
- Use assent withdrawal indicators as **feedback** and **adjust** accordingly – e.g., remove demand if necessary.
- Clinicians didn't expect assent all the time, initially – this would be too robotic.

BEST PRACTICES TO AVOID ABLEISM

- Defer to your client
- Offer appropriate choices
- Avoid teaching compliance/submission
- Encourage and promote communication and self-advocacy
- Be aware of any inherent ableism

(Breux, n.d.)

SUMMARY

**POSITIVE BEHAVIOUR
SUPPORT CONSULTANCY**

SUMMARY

We must involve Autistic people in every aspect of their support

- Assessment; Goal Setting; Choice of Intervention; etc.

We need to prioritise Self-Advocacy

- It is our responsibility to understand the aversive effects of the environment and our teaching conditions and adjust to meet the needs of those we support.

We still have a lot to learn.

- We owe it to those we support to continue to grow and improve in this area.

QUESTIONS?



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