

An Introduction to the Volume 3, Number 2 of

Behavior Analysis in Practice (BAP)

Gregory P. Hanley, Ph.D., BCBA, Western New England College – Editor, *BAP*

The field of behavior analysis is expanding at an unprecedented rate, and the largest growth area is certainly in the number of behavior analysts who consider themselves practitioners. Our field is not just expanding, it is maturing. Uniting with other experts to better understand basic subject matter or particularly challenging disorders are hallmarks of a mature discipline. The Association for Behavior Analysis International's Behavioral Economics Conference scheduled for March 25-29, 2011 in Chicago (<http://www.abainternational.org/events/BE/BEIndex.asp>) and the Autism Conference scheduled for January 28-30, 2011 in Washington DC (<http://www.abainternational.org/events/autconf2011/>) are indicators of the maturity and vitality of our field.

Another indicator of the maturity and vitality of the field of behavior analysis is the acknowledgement of the unique competencies and needs of the behavior-analytic practitioner. The existence of this journal is one such acknowledgement. It is both a pleasure and an honor for me to work with the current editorial board, the new editorial assistant, Nicholas Vanselow, and the submitting authors to bring you this issue's diverse array of writing. This collection of articles shows that the authors and editorial board members all recognize the importance of pointing out the ubiquity of learning principles in specific and important situations; of showing how technology proven efficacious can be successfully applied in conditions typically experienced by practitioners; and of writing with clarity, for utility, and to inspire.

Replacing the "Or" With an "And" When It Comes to Understanding Problem Behavior

As part of a multidisciplinary team brought together to address a severe problem behavior, many have often witnessed or taken part in discussions as to whether a particular problem behavior was a "medical" or a "behavioral" issue. Resolving this apparent dilemma has intuitive appeal. When teams frame the issue as a "medical" *or* a "behavioral" problem, they may inadvertently lose sight of the fact that problem behavior may be, and in many cases is likely to be, both a medical *and* a behavioral problem. In a well-crafted review of the literature related to health issues and problem behavior among person with intellectual disabilities, Michael May and Craig Kennedy carefully describe how physical problems and social contingencies often interact and give rise to or maintain problem behavior. The reader of this important review will have a better appreciation for the complexity of the causes of problem behavior and should be a more effective member of multidisciplinary teams united to understand why problem behavior is occurring before attempting to treat it.

A Daunting Challenge: Keeping Up With the Literature

Electronic databases (e.g., PsychINFO), portable document formats (PDFs), and Internet-based library connections allow for unprecedented access to scholarly articles. Yet, as the field of behavior analysis has expanded, so too has the number of journals containing applied research studies and other articles relevant to practice. The sheer amount of information has made keeping up with the scholarly literature difficult. In their useful paper, Jim Carr and Adam Briggs describe additional barriers to routine contact with the scholarly literature that are especially germane to practitioners. These authors also provide readers with strategies to overcome these barriers and thus stay current with respect to the literature relevant to one's practice.

A Reminder That Applied Behavior Analysis Takes Many Forms

Because Applied Behavior Analysis (ABA) is recognized as an essential evidence-based practice for addressing the unique problems associated with autism spectrum disorders (ASD), it is now common for people to make the mistake of equating ABA with the procedures used to address self-injurious behavior or to teach developmentally appropriate behaviors to children diagnosed with ASD. The recognition ABA is receiving as a solution to the problems associated with ASD is well deserved and in many ways should be celebrated; but, we should not be content with these recent positive developments. Other behavior-analytic solutions for many other problems of social importance exist but are not readily available to those in need. Behavior analysts and our communities will ultimately be better off if we capitalize on opportunities to describe other examples of successful behavior-analytic application. To that end, Alan Poling and his colleagues at Anti-Persoonsmijnen Ontmijnende Product Ontwikkeling (APOPO; Anti-Personnel Landmines Detection Product Development), a Belgian nongovernmental organization headquartered in Morogoro, Tanzania, have contributed an article describing their work training African pouched rats to discover landmines left from civil wars. The reader will detect the challenges common to all behavior analysts attempting to increase the scale of behavior-analytic applications and appreciate the important humanitarian consequences of the particular work being conducted by the teams at APOPO.

Time Well Spent in the Workplace

Persons diagnosed with an ASD often engage in repetitive acts that appear to serve no function; these acts are collectively referred to as stereotypy due to the formal similarity of the

acts and the periodicity with which they are emitted. A working assumption of behavior analysis is that all behavior, including stereotypy, is affected by the environmental context in which it occurs. Thus, a proper treatment accounts for the environmental factors giving rise to stereotypy that is interfering with work or is socially stigmatizing. Dennis Reid, Marsha Parsons, and Perry Lattimore describe an assessment model that resulted in successful treatment of stereotypy by adults with autism working in community-based jobs. The reader of this data-based article should be better equipped to understand and then redesign the workplace environment to minimize stereotypy and increase productive performances.

Changing Habits With a Little Help From a Friend

Self-experimentation, in which the experimenter serves as sole subject of the experiment, has a long history in psychology and the medical sciences. Neuringer (1981) has described some of the more noteworthy attempts at self-experimentation in these broad disciplines; he also advocated for more self-experimentation and publication of the results of such evaluations. For me, his arguments are compelling; but, I encourage the reader to consider his arguments for and cautions regarding self-experiments themselves (Neuringer, 1981). One of the main challenges of publishing self-experiments is meeting the methodological criteria for demonstrating a believable behavior change occurring as a function of the self-administered treatment. Establishing the reliability of the measures of behavior and the integrity with which the treatment is implemented are at the core of the challenge. In his empirical report of a self-administered treatment to reduce his own nail biting, Andrew Craig describes how he overcame these challenges. By so doing, readers have the opportunity to learn of Craig's personal success with regard to an unwanted habit, and readers should be better equipped to conduct their own self experiments and share their successes in behavioral journals.

The Skeptic's Corner: An Evaluation of Ambient Prism Lenses

Quick or seemingly miraculous fixes and fad treatments are developed, marketed, and adopted by good people when solutions to difficult problems are effortful and when those same solutions take a lot of time for the desired effects to be realized. Anyone who has ever attempted to lose weight or resolve back pain will recognize the universal tendency to adopt the quick fix or fad treatment, as will most parents of a child with autism. As practitioners working with families of children with autism, it is important to steer parents toward evidence-based practices such as approaches based on applied behavior analysis and away from approaches that have empirical evidence against their use such as facilitated communication. Nevertheless, some novel treatments for the problems of behavior associated with ASD have not yet undergone proper evaluation or peer review. Under these conditions, the family and the consulting behavior analyst can either wait for the evidence to be developed

or they can determine whether the particular treatment confers advantages or disadvantages for their particular child. If the latter is chosen, repeated and direct measurement of important behaviors within single-subject designs can guide parents and practitioners toward effective interventions and away from ineffective ones. James Chok, Derek Reed, Amanda Kennedy, and Frank Bird describe this sort of personalized behavioral analysis of ambient prism lenses, an alternative treatment that has been recommended for addressing problems associated with autism. This empirical investigation will allow the reader to learn about the effects of the lenses for the child included in this investigation, but it will also provide the reader with a good example of how to investigate claims of effectiveness regarding novel treatments (see also Lerman et al., 2008).

A New Section for *Behavior Analysis in Practice*: Perspectives

We are starting a new section called *Perspectives*, which will appear intermittently in the journal. This section provides a means for parents, practitioners, or researchers to communicate important messages to behavior-analytic practitioners that may be difficult to communicate through more traditional means (e.g., empirical or review articles). The entries in the *Perspectives* section will often be brief and will usually involve responses by multiple people to a question that has some current and professional relevance. The responses will be invited and reviewed by the Editor.

I identified behavior analysts who are leaders in developing effective programs for persons with an ASD for our first set of *Perspectives*. I asked each of them to partner with another practitioner who he or she holds in high regard and collaborate on a single set of responses to these two questions:

What are the three most important things you think a behavior-analytic practitioner should consider when starting a teaching program for a young child recently diagnosed with an autistic disorder (or "classic" autism)? What are the three most important things you think the same practitioner should consider after providing services for the same child one year later?

Four experts and their collaborators were able to craft a set of responses in the short timeframe available, and it is a pleasure to bring them to you in our first installment of *Perspectives*.

I hope you enjoy reading this issue of *BAP*, and I look forward to working with this expert Editorial Board to bring you lucidly written articles on topics that are relevant to you and your practice.

References

- Lerman, D. C., Sansbury, T., Hovanetz, A., Wolever, E., Garcia, A., O'Brien, E., & Adedipe, H. (2008). Using behavior analysis to examine the outcomes of unproven therapies: An evaluation of hyperbaric oxygen therapy for children with autism. *Behavior Analysis in Practice, 1*, 50-58.
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