



# COABA

## Colorado Association for Behavior Analysis

### 2nd Annual Convention

Registration available at [coaba.org](http://coaba.org)

Saturday, November 4  
Sunday, November 5

### EVENT DETAILS

### DENVER, CO | 2017

#### NOVEMBER 4: 9 am – 5 pm

- 8:30 am:** On-Site Registration
- 9:00 am:** Travis Blevins  
*Behavioral Services of the Rockies*
- 9:20 am:** Raymond Miltenberger, PhD, BCBA-D  
*University of South Florida*
- 10:20 am:** Amber Valentino, PsyD, BCBA-D  
*Trumpet Behavioral Health*
- 11:20 am:** Kevin Luczynski, PhD, BCBA-D  
*Munroe-Meyer Institute*
- 12:15 pm:** Lunch on your own
- 2:00 pm:** Claire St. Peter, PhD, BCBA-D  
*West Virginia University*
- 3:00 pm:** John Borrero, PhD, BCBA-D  
*University of Maryland, Baltimore County*
- 4:00 pm:** Carrie Borrero, PhD, BCBA-D  
*Kennedy Krieger Institute*

#### NOVEMBER 5: 9 am – 12 pm

- 9:00 am:** Patrick Friman, PhD, ABPP  
*Boys Town Center for Behavioral Health*
- 10:00 am:** Brian Greer, PhD, BCBA-D  
*Munroe-Meyer Institute*
- 11:00 am:** COABA Member Meeting

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2. On the Hilton Honors splash page,  
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#### CONTINUING EDUCATION INSTRUCTIONS

CEUs will be managed using the [CEUHelper](#) app; please download this to your mobile device.

##### 1. Setup:

Create an account ([Sign Up!](#)) for yourself in the app and select the conference:  
*2017 Colorado ABA.*

##### 2. Checking in/out of Events:

Paper scan codes will be passed around at the beginning and end of each presentation Use the app to scan each code to check in and out of each session.

##### 3. End of the Day:

Select "Leave the Conference" to close out the event.

##### 4. CEU Certificates:

After the convention, COABA staff will process all of the data, after which CEUHelper will email you your CEU certificate. Expect the certificate by the end of December.

##### 5. Help:

Locate a COABA staff member for assistance with the app or if you prefer to manually sign in and out of each event.

**CEUHelper**  
<https://ceuhelper.com>

9:20 – 10:10 am



**Raymond Miltenberger**  
*University of South Florida*

### **ABA and Sports Performance: Feedback Makes Everything Better**

This presentation will discuss recent research on feedback procedures to enhance sports performance. The presentation will discuss the author's research on video feedback, auditory feedback, and behavioral skills training to enhance performance in a variety of sports including, dance, gymnastics, track and field, martial arts, horseback riding, field hockey, and yoga. The presentation will discuss the ways to make feedback procedures user friendly and accessible.

10:20 – 11:10 am



**Amber Valentino**  
*Trumpet Behavioral Health*

### **Closing the Gap between Research and Practice: How Practitioners Can Integrate Research into Their Daily Activities**

The gap between research and clinical work in the field of applied behavior analysis (ABA) can often seem vast. Behavior Analysts in traditional practitioner roles may often ponder topics such as:

- How well does what I do fit into the available literature?
- How can I make scholarly contributions to the field of behavior analysis?
- Does research have to be conducted outside of my regular clinical work?

Am I (or could I be) a researcher? Although many behavior analyst practitioners desire to contribute to the literature, they may not know exactly how to do so. This talk will discuss the importance of practitioners contributing to the research literature by providing a framework for integrating best research practices into daily clinical work. This talk will delve into four examples from the presenter's own background, detailing how clinical questions turned into research studies, how those studies contributed to the literature, and how that research was conducted while continuing to meet specific clinical objectives.

11:20 – 12:10 pm



**Kevin Luczynski**  
*Munroe-Meyer Institute,  
University of Nebraska  
Medical Center*

### **Teaching Children with Autism to Complete Novel Two-Step Instructions Via Joint Control**

Early intensive behavior intervention should prepare children with an autism spectrum disorder to be effective in inclusive educational environments. Successfully completing novel, multistep instructions on the first opportunity is in line with this goal. In Study 1, we used a multiple baseline design across three children, who were aged four to six and did not exhibit noncompliance, to evaluate the effects of teaching verbal-mediating responses (echoic rehearsals) on completing novel combinations of action-object instructions (e.g., "Put [book] on [bed] and pick up [bag]"). In addition, we programmed a period of time (15 to 20 s) from when a child heard an instruction to encountering the objects necessary to complete it. We obtained measures of the children's performance in their home and in our clinic prior to teaching, and we observed near-zero levels of accurate instruction following. Our teaching procedures involved four steps, in which we gradually increased the difficulty of the instructions while teaching the children to rehearse the instructions over longer periods. Following teaching, all children exhibited immediate, accurate instruction following on a high percentage of trials, and robust generalization of completing two-step instructions was observed with other adults and in the children's homes. In Study 2, we removed or blocked the sources of stimulus control we posited were necessary for completing the instructions within a reversal design, which took the form of including objects the children could not tact (testing the absence of tact responses) and prompting the children to engage in a vocal response (e.g., singing "Happy Birthday") to compete with echoic rehearsal (testing the absence of echoic responses). Zero instructions were completed under these tests, which directly supports the mediating role of joint control in the children's instruction following. I will discuss how these procedures can be applied to teach children, who exhibit several pre-requisite skills, how to complete novel instructions.

12:15 – 2:00 pm

Lunch on your own

2:00 – 2:50 pm



**Claire St. Peter**  
*West Virginia University*

### **Not All Treatment Challenges are Created Equal: Effects of Reduced Integrity on Treatment Outcomes**

West Virginia University Treatment integrity refers to the extent to which a behavioral program is implemented as designed or described. Ensuring adequate treatment integrity is important for several reasons. Higher integrity is typically associated with better treatment outcomes. Additionally, high treatment integrity is necessary to ascribe changes in behavior to the intervention. Behavior analysts often train individuals to implement procedures with a certain level of integrity. For example, a clinician might train staff members until the staff member implements the procedure with 80% or 90% integrity. However, we are still unsure how much integrity is necessary to produce desired behavior changes. This matter is further complicated because the amount of integrity necessary may vary depending on the type of procedure and the type of integrity failure. In this presentation, I'll describe recent studies that have evaluated ways to measure integrity and outcomes associated with reduced integrity, particularly in the assessment and intervention for behavioral excesses (such as the treatment of aggression) and deficits (such as the development of manding). Our recent work suggests that the measurement strategy used, type of intervention, and type of integrity failure interact to affect treatment outcome.

3:00 – 3:50 pm



**Carrie Borrero**  
*Kennedy Krieger Institute*

### **Assessment and Treatment of Food Refusal: A Behavior Analytic Approach and Practical Considerations**

Severe food refusal can be a relatively common concern for parents with young children, particularly those diagnosed with Autism Spectrum Disorder. It has been reported that as high as 90% of children with ASD have some form of food refusal or selectivity (Kodak & Piazza, 2008). Food refusal and selectivity are associated with a child experiencing severe difficulties consuming adequate nutrition by mouth, and can often be a significant source for stress in the home. Although the causes may not be identifiable in all cases, pediatric food refusal can be related to physiological, developmental, and environment factors, and can benefit from a behavior analytic approach. A behavior analytic interpretation of the emergence of food refusal, and an approach to assessment and treatment will be discussed.

4:00 – 4:50 pm

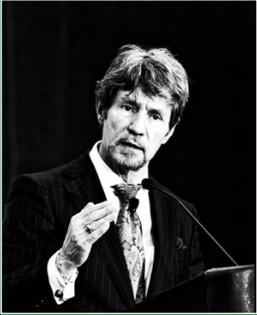


**John Borrero**  
*University of Maryland,  
Baltimore County*

### **Discovery and Application in Behavior Analytic Research**

I will present illustrations of two types of research: (a) discovery research and (b) applied research. With the former, we seek to determine how contingencies affect non-clinical response topographies so that we may better design our applied interventions. With the latter, we seek to determine how contingencies affect socially significant response topographies, emitted by vulnerable populations. Taken together, these approaches characterize application driven research. I will present several examples involving differential-reinforcement-of-low-rate schedules, research on the economic concept of loss aversion, and research on the serial position effect, or what we call saving the best for last. As a whole, the experiments will be used to illustrate the breadth of opportunities available to behavior analysts conducting research, and the ways in which application-driven laboratory research can inform the practice of behavior analysis.

9:00 – 9:50 am



**Patrick Friman**

*Boys Town Center for  
Behavioral Health*

### **Behavioral Pediatrics in Primary Care: A Healthcare Opportunity for Behavior Analysts**

Behavioral pediatrics (BP) is a branch of pediatrics that integrates behavioral and pediatric sciences to promote the health of children. There are two general forms of treatment supplied in BP: 1) supportive counseling, usually involving the delivery of health education (e.g., extended crying is normal in early infancy, three days without a bowel movement is one day too long) but no specific action; and 2) prescriptive behavioral intervention, usually involving the provision of specific procedures for remediation of presenting problems to caregivers (e.g., instructional control training, bedtime pass for bedtime problems, task based grounding). There are four general domains of concern, routine behavior problems, behavior problems with significant medical dimensions, medical problems with significant behavioral dimensions, and medical compliance. Recognition of the high prevalence of behavioral problems that initially and often only present in primary care pediatric settings as well as the reciprocal nature of interactions between medical and behavioral factors in child health has led to dramatic growth in BP over the past 30 years. This growth presents opportunities for psychologists, especially those with a behavioral orientation, because the principles of learning are so central to the assessment and treatment of behavior problems presenting in primary care. This presentation will describe behavioral pediatrics in primary care, elaborate on its two forms of treatment, provide examples of each, and give examples from its four domains of concern.

10:00 – 10:50 am



**Brian Greer**

*Munroe-Meyer Institute,  
University of Nebraska  
Medical Center*

### **Mitigating Relapse Following Functional Communication Training**

Functional communication training (FCT) has strong empirical support for its use when treating socially reinforced problem behavior. However, treatment effects often deteriorate when FCT procedures are challenged, leading to the recurrence of problem behavior, decreased use of the functional communication response (FCR), or both (Mace et al., 2010; Volkert, Lerman, Call, & Trosclair-Lasserre, 2009; Wacker et al., 2011). Researchers have accordingly described a number of strategies to improve the efficacy of differential-reinforcement procedures (e.g., FCT) when challenged. For example, Wacker et al. (2011) assessed the maintenance of FCT-treatment effects by periodically exposing the FCR to periods of extinction and found that additional exposure to FCT helped guard against the disruptive impact of later periods of extinction. Basic researchers have described similar modifications to FCT procedures based on behavioral momentum theory (BMT) and resurgence as choice (RaC) theory that also should help mitigate treatment relapse. Our research team has recently begun investigating these and other modifications to FCT. In this presentation, I will share preliminary results and describe our ongoing work in this area.

11:00 – 11:50 am



**Jim Carr**

*COABA Past-President*

### **COABA Member Meeting**

Over the past decade, the practice of behavior analysis has been regulated in a number of states through licensure. COABA has started to study this issue in Colorado. This session will provide an overview of types of regulation, regulatory activity in the US, recent events in Colorado, and the Colorado licensure process. There will be time for questions from COABA members at the end of this session.