Using Structured Learning Sessions and Self-Monitoring to Increase Positive Social Interactions in an Adolescent with ADHD

by:

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ABSTRACT

Impulsivity levels are higher in adolescence than in adulthood for the average teenager. Adolescents with ADHD have even higher levels of impulsivity than their non ADHD peers which has been linked to problem gambling, antisocial behaviour, sensation seeking, risky sexual behaviour, lowered social status, criminal behaviour, care in foster homes, and mental disorders (d’Acremont & Van der Linden, 2005; Larsson, Dilshad, Lichtenstein, & Barker, 2011). The current study investigates the use of structured learning sessions and self-monitoring to increase positive social interactions and decrease inappropriate verbalizations, in a 17-year-old male with ADHD. This study used an ABC design in which the first phase was structured learning sessions where the participant was given psychoeducation, behavioural rehearsal opportunities, and feedback regarding positive social interactions. The second condition was self-monitoring of positive social interactions, as well as inappropriate verbalizations. In the structured learning sessions phase, the average for positive social interactions increased by 65% from baseline ($M = 5.33$) to intervention ($M = 8.83$ per day). Inappropriate verbalizations decreased from baseline ($9.67$) to intervention ($M = 4.17$ per day). During the self-monitoring phase, positive social interactions percentage of change was 261% from baseline ($M = 5.33$) to intervention ($M = 19.27$ times per day). Inappropriate verbalizations, during self-monitoring, occurred on average once per day, this trend remained stable. Structured learning sessions in combination with self-monitoring has shown to be an effective intervention for increasing positive social interactions. It is recommended for future research that similar studies be conducted in groups to allow for more behavioural rehearsal opportunities prior to engaging in real life positive social interactions with peers.

*The participant’s name has been changed in order to maintain confidentiality*
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Chapter I: Introduction

Attention Deficit/Hyperactivity Disorder (ADHD) is a disorder that greatly affects an individual’s impulse control abilities. Impulsivity is a multi-dimensional construct characterized by three dimensions: impulsive decision-making, inattention, and disinhibition (Reynolds, Penfold, & Patak, 2008). According to d’Acremont and Van der Linden (2005) impulsive decision-making is defined as making decisions based primarily on immediate physiological cues rather than careful consideration. This can lead to making decisions with using minimal thought and failure to plan ahead (Donohew, Zimmerman, Cupp, Novak, Colon, & Abell, 2000). Impulsive decision-making can therefore lead to inappropriate verbalization. The impulsive decision-making and inappropriate verbalizations can then result in negative social interactions.

In adolescence, difficulties with impulsive decision-making, inappropriate verbalizations, and negative social interactions are all associated with lowered social status, criminal behaviour, foster homes, and mental disorders (Larsson, Dilshad, Lichtenstein, & Barker, 2011). It is important to help these adolescents change their behaviour patterns so they do not fall into one of the previously mentioned categories. Individuals with impulse control problems must first learn how to control their impulsivity if they want to receive positive attention from their peers and have positive social interactions. Positive social interactions are important to establish and maintain because they allow people to develop and grow socially and emotionally.

The present study will investigate increasing positive social interactions and decreasing verbally inappropriate behaviour during social interactions. Psychoeducation and self-monitoring techniques will be provided to facilitate change. The client is motivated to change and responds well to praise and attention. It is hypothesized that if the client is taught how to have positive social interactions and to self-monitor his behaviours, he will avoid negative attention from his peers and staff and his inappropriate verbalizations will decrease while his positive social interactions increase, and maintain due to positive attention and praise. Therefore, the purpose of this study is to help the client gain and use the skills necessary for positive peer interactions.

The present study is divided into sections: literature review, method, results, and conclusion. The literature review is a summary of prior studies, literature reviews, theoretical articles, books, and theses that pertain to the current study’s methodology. The method section is a summary of how the study was conducted including: a description of the population, procedures, design, data, setting, and measures used. The results section presents the outcomes of the study using descriptive statistics and visual analysis. Finally, the conclusion includes a discussion of the present study’s strengths, limitations, multilevel challenges, implications, and recommendations for future research.
Chapter II: Literature Review

Attention-deficit/hyperactivity disorder and impulsivity

According to Larsson, Dilshad, Lichtenstein, and Barker (2011) attention deficit/hyperactivity disorder is conceptualized as a hyperactive-impulsive dimension and an inattention dimension. The authors state that the hyperactive-impulsive dimension includes impulsive responding and excessive activity, while the inattention dimension includes the inability to sustain attention and organization, as well as the tendency to be easily distracted. Most of the research done on ADHD investigates the use of medications, such as Ritalin, and how it affects the individual’s hyperactivity or ability to sustain attention. The current study will focus on the hyperactive-impulsive dimension, more specifically the impulsive aspect.

Impulsivity levels are higher in adolescence than in adulthood for the average teenager. Adolescents with ADHD have even higher levels of impulsivity which has been linked to problem gambling, antisocial behaviour, sensation seeking, risky sexual behaviour, lowered social status, criminal behaviour, care in foster homes, and mental disorders (d’Acremont & Van der Linden, 2005; Larsson et al., 2011). According to Campbell, Andrews, and Fuller (1983) impulsive adolescents may have problems with cognitive impulsivity, which is also known as impulsive decision-making and problem solving. They may not think about the significance or the correctness of their actions, therefore acting swiftly with the first obtainable response that comes to mind (Campbell et al., 1983). Individuals with impulse control issues must learn how to control their impulsivity in order to have positive social interactions.

Inappropriate verbalizations and negative social interactions

d’Acremont and Van der Linden (2005) stated that a lack in premeditation and decision-making skills can lead to inappropriate verbalizations and negative social interactions. For the purpose of this study, inappropriate verbalizations are defined as sexual comments, use of profanity, condescending tone, or name calling. Inappropriate verbalizations, such as these, play an intriguing role in language. They have been shown to assert dominance and submissiveness, as a part of the bonding and alienation process, and can also be used to gain acceptance (Selnow, 1985).

Adolescents with ADHD-hyperactive-impulsive type (ADHD-HI), as mentioned before, have problems related to impulse control, which can lead to negative social interactions. According to Frankel and Feinberg (2002) these negative social interactions can range anywhere from not taking or waiting for turns to physical altercations. Overall, Frankel and Feinberg found that boys with ADHD-HI were not afraid of getting in trouble, breaking rules, teasing others, and being aggressive during social interactions. These boys were more concerned with the immediate gratification of having their own way than with the consequences of their actions. This type of behaviour often happens with individuals who have ADHD-HI because they are highly impulsive. Highly impulsive adolescents also have difficulties making friends and building positive support networks. Teaching them how to engage in positive social interactions can better these aspects of their lives.

Positive social interactions

Positive social interactions are defined as interactions between two or more people that are both successful and positive in nature for those involved (Bovey & Strain, 2009). Bovey and Strain (2009) found that positive social interactions are important for people of all ages in order to have positive emotional and social development. According to Lee, Hankin, and Mermelstein
(2010) most adolescents perceive social acceptance as an important aspect of life. Unfortunately, individuals diagnosed with ADHD are at higher risk for negative social interactions and peer rejection due to their lack in social skills, premeditation, and decision-making skills (Frankel & Feinberg, 2002). Ladd (1981) investigated how effective the social learning method was in enhancing social interactions, as well as peer acceptance. He found that upon receiving social skills training for positive social interactions the students showed significant and long-lasting increases in their peer acceptance.

**Social skills training**

Social skills are composed of interactions between people, appropriate body language, and the use of effective cognitive strategies (Liberman, 1988). It has been indicated by the research of Pray, Hall, and Markley (1992) that many individuals with ADHD have social skills deficits pertaining to educational performance and interpersonal skills. It is beneficial for these individuals to take part in social skills training due to these deficits. According to Bellack, Hersen, and Lamparski (1979) there are two main approaches to social skills training: the social skills model and the feedback-loop theory. The authors define the social skills model as an individual achieving goals or targets to gain rewards. Their definition of the feedback-loop theory puts emphasize on observations, gathering information, receiving feedback, decision-making, performance of learned behaviours, and reinforcement. It is recommended by Bellack, Hersen, and Lamparski that if clients have goals and targets of their own then it is beneficial to use the social skills model, but if a client does not have goals or targets the use of the feedback-loop theory would be most beneficial. Spence (2003) found that for adolescents with ADHD it is most beneficial to use a multimodal intervention which includes social skills training. They also discuss that the multimodal intervention should include: behavioural social skills training, social perception skills training, self-regulation techniques, social problem solving, and reduction of inappropriate social responses. Spence also outlined the different techniques that should be used during each type of training. Behavioural social skills training should include directions, discussion, modelling, behavioural rehearsal, reinforcement of appropriate responses, and feedback. Social perception skills training should include how to interpret social cues and social context. Self-regulation techniques used in social skills training are self-monitoring, self-reassurance, and self-reinforcement. Social problem solving should include identification of problems, producing alternate solutions, thinking about consequences, and planning or selecting appropriate responses. Lastly, reduction of inappropriate social responses could include planned ignoring, contingency management, or cognitive restructuring.

Most empirical research found on social skills training has been done with individuals who have been diagnosed with a pervasive developmental disorder. In 2010, Koenig et al. conducted a study that included 44 children diagnosed with pervasive developmental disorders. The intervention was a 16-week group intervention where participants were randomly assigned to a treatment group or a wait list group. In the treatment group the participants would receive social skill building and the wait list group was the control group. The comparison between groups showed that an increase in social skills had occurred for those in the treatment group. Although the study shows the effectiveness of social skill building it was conducted on children with pervasive developmental disorders. More research is needed on adolescents, as well as individuals with ADHD.

Corkum, Corbin, and Pike (2010), conducted a study that was focused on school-based social skill building in children diagnosed with ADHD. The study compared the use of a
standard school-based social skills training program and an enhanced version, “Working Together: Building Children’s Social Skills Through Folk Literature”. It was delivered in school to 16 children for 10 weeks. The inclusion criteria were that the participants had to have a diagnosis of ADHD, but could not have any other diagnoses that involved social or extreme behaviour deficits. Results showed that both social skill building programs were equally effective at improving social skills in those diagnosed with ADHD. The findings of this study suggest that treatments with social skills training conducted in a natural setting and that have a focus on pragmatic language skills in groups can be effective. More research needs to be done with similar interventions with an individual focus.

**Structured learning sessions**

Social skills can be taught in many different ways to many different people. One of the ways to help an individual develop better social skills is to teach them in a structured learning environment, or session. According to Kumar (2003) structured learning sessions are sessions that are designed to enhance the learning process, which incorporates an increased level of interchange between client and therapist. Structured learning sessions have been used to increase knowledge pertaining to social skills via psychoeducation, behavioural rehearsal, and feedback (Kumar, 2003). Two crucial parts of structured learning sessions, or any teaching for that matter, are a) the understanding that all people learn at a different pace and b) positive reinforcement can be used to enhance learning (Lieb, 1991). Radel, Sarrazin, Legrain, and Wild (2010) conducted a study with 72 adolescents to review the effectiveness of structured learning sessions on motivation. Participants were randomly placed in either a structured learning session group or a peer led group. Individuals placed in the structured learning session group had reports of higher motivation levels for the activity that was to take place. Since this study did not take place in a natural setting, it cannot be considered generalizable across settings. More research on structured learning sessions in the natural setting of the participants should be conducted. The aspects of structured learning sessions that will help the client to understand exactly what is expected of them during positive social interactions include, but are not limited to psychoeducation, behavioural rehearsal, and feedback.

**Psychoeducation**

Psychoeducation is an evidence-based practice that incorporates information pertaining to mental health issues, various life challenges, and behavioural modification techniques at a level understandable for the client (Lukens & McFarlane, 2004). Lukens and McFarlane (2004) see psychoeducation as a strengths-based approach because it focuses on the strengths that the participant already possesses, what the client can learn about their self, and how they can apply that knowledge in real life situations.

The literature on the effectiveness of psychoeducation used with adolescents diagnosed with ADHD is limited. Although the research is limited on this specific clientele, there is literature that suggests psychoeducation is effective when used to treat individuals with other disorders such as bipolar disorder and schizophrenia. The following studies demonstrate the effectiveness of psychoeducation in psychological treatment.

Colom, et al. (2003) conducted a study with 120 bipolar patients, who were receiving pharmacological treatment, to assess the effectiveness of group psychoeducation on recurrences. Results showed that upon receiving psychoeducation patient relapses and recurrences decreased. The study also revealed an increase in time to the next hypomanic, manic, depressive, or mixed recurrences.
Smerud and Rosenfarb (2011) conducted a study with 28 schizophrenia patients that investigated the effectiveness of family psychoeducation on psychotic symptoms and family relationships. The results of the study showed that those patients who received family psychoeducation were less likely to display signs of relapse, as well as rehospitalisation, and families felt less fraught.

**Behavioural rehearsal**

Behavioural rehearsal is the act of practicing certain behaviours in order to improve one’s success in that behaviour. Most research pertaining to behavioural rehearsal has been done in group settings, with more than one client. Schinke and Rose (1976) examined behavioural rehearsal in groups and its effectiveness on interpersonal skill training. They conducted the study with 36 self-referred clients who were assigned either to a behavioural rehearsal group or a behavioural discussion group. The groups met for two hours each week, for six weeks. As suggested by the self-report inventories, the clients who used behavioural rehearsal were able to learn and maintain the material taught better than those who engaged only in behavioural discussion. However, the study only used a group format to research the effects of behavioural rehearsal. Therefore, further research is needed to evaluate the effectiveness of behavioural rehearsal in a one-to-one structured learning session. McFall and Marston (1970) compared the differences between a group treatment incorporating behavioural rehearsal and a group treatment without behavioural rehearsal to examine which group would have a greater increase in assertiveness. Their findings suggest that individuals who engage in behavioural rehearsal have better outcomes from treatment. Post treatment data showed that individuals in the behavioural rehearsal group had overall greater treatment satisfaction, as well as greater levels of assertiveness.

**Feedback**

Similarly to behavioural rehearsal and psychoeducation, feedback can be used to enhance an individual’s treatment effectiveness. Van De Ridder, Stokking, McGaghie, and Cate (2008) conducted literature reviews and meta-analyses on definitions of feedback from the social sciences, as well as many other fields. This was done in order to provide an operational definition of feedback for individuals working in the social science field and using feedback. The following definition was proposed. “Feedback is specific information about the comparison between a trainee’s observed performance and a standard, given with the intent to improve the trainee’s performance” (p. 195).

McFall and Marston (1970) examined feedback given to clients and found that the individuals most likely to succeed in treatment were those who not only engaged in behavioural rehearsal, but also received feedback from their therapist. Feedback is an important part of behaviour modification, whether it is therapist to client or client to therapist. According to Hawkins, Lambert, Vermeersch, Slade, and Tuttle (2004) feedback to both parties can improve patient outcomes. Their study included 201 outpatients who were randomly assigned to the treatment groups: usual treatment, usual treatment with therapist feedback, and usual treatment with patient-therapist feedback. They observed the three groups over the course of 21 weeks. At termination of the program it was found that the feedback groups demonstrated greater improvement than the usual treatment group. It was also noted that patients in the patient-therapist feedback group had even further enhanced outcomes.

Feedback from the client can be used to monitor their progress and satisfaction with the program (Lambert & Shimokawa, 2011). Therapist feedback can be used to show the client how they are progressing and, if needed, how they can improve (Goldsamt, Goldfried, Hayes, & Kerr,
Goldsamt et al. (1992) also suggest that during feedback therapists should give positive feedback prior to any corrective feedback to further enhance results.

The use of structured learning sessions has shown to be an effective form of intervention. With the use of techniques such as psychoeducation, behavioural rehearsal, and feedback the skills necessary for positive social interactions can be taught. A crucial aspect of engaging in positive social interactions and to help individuals minimize their impulsive behaviours consists of using premeditation. Premeditation is defined by d’Acremont and Van der Linden (2005) as the planning ahead of actions and responses. They found that, in relation to positive social interactions, premeditation is the most crucial aspect of making rational decisions about the social interactions people have. d’Acremont and Van der Linden also stated that it is beneficial to teach adolescents with ADHD how to premeditate their actions because it could increase the perceived amount of self-control they have.

**Self-control and self-monitoring**

Self-control is defined as being able to make decisions about one’s actions based on the knowledge of what is right and what is wrong (Righetti & Finkenauer, 2011). Self-control is an important characteristic to develop in adolescents with ADHD because they often have lower levels of self-control due to their impulsive nature (Barkley, 1997). Behaviour modification for impulsivity usually focuses on the lack of self-regulation and self-control (Beck et al., 1979; Ellis & Harper, 1975; Mahoney & Toresen, 1974; as cited in Campbell et al., 1983). Reynolds et al. (2008) reported that it is important to assess the client’s self-perceptions of their own impulsive behaviours. Having a client observe their own behaviour, or perceptions of their behaviour, can increase their self-regulation and self-control (Campbell et al., 1983). Righetti and Finkenauer (2011) found that when an individual exhibits self-control, others often perceive them to be trustworthy and responsible. According to The National Association of School Psychologists (2002) individuals who do not develop or learn self-control are more likely to follow along with other’s bad choices, get involved in teasing or bulling others, and not take responsibility for their actions.

Self-monitoring has shown to be effective with adolescents with ADHD to improve their academic performance and on-task behaviours by helping them to assume responsibility for their own behaviours (Mathes & Bender, 1997; Shimabukuro, Prater, Jenkins, & Edelen-Smith, 1999). Shimabukuro et al. (1999) investigated the use of self-monitoring of academic performance and its effect on on-task behaviours. The study included three males with a diagnosis of ADHD and learning disabilities. The boys were taught how to self-monitor their math, writing, and reading skills. Overall, with self-monitoring all three boys had an increase in their on-task behaviours and achieved greater levels of academic performance.

Another advantage to self-monitoring is that it is relatively easy to learn and it can be used in several areas of an individual’s life to increase self-control. Meyer and Kelley (2007) conducted a study with middle school students to compare the effectiveness of self-monitoring and parent monitoring. Students included in the study had to have diagnoses of ADHD. The students were assigned to either a self-monitoring group or a parent monitoring group. In the self-monitoring group the students were responsible for monitoring their own homework behaviour and study skills. Students placed in the parent monitoring group had their homework behaviour and study skills monitored by their parents. Both groups reported higher levels of completed homework, although the self-monitoring group also had increased perceptions of self-control.
Positive reinforcement

During any form of behavioural change it is important to keep in mind that reinforcement of positive behaviours is central. Sareen (2001) describes positive reinforcement as a technique that produces lasting changes in behaviour. It reassures individuals to continue behaving in an appropriate manner, it gives them a direction on which actions they should follow, boosts their self-esteem and self-worth, and it inspires them to seek more encouraging consequences (Sareen, 2001). According to Sigler and Aamidor (2005) positive reinforcement is a method used to identify acceptable or appropriate behaviours to a client. It is actually a form of encouraging certain behaviours. These behaviours are encouraged by reinforcing them with pleasant stimuli, which can take the form of anything the client finds reinforcing or appealing (e.g., toys or praise). The authors also identify four key elements to reinforcement of positive behaviours. Firstly, reinforcement is used to increase a preferred behaviour, while punishment is only used to decrease an inappropriate behaviour in severe situations. Secondly, an extinction burst, where the behaviour happens rapidly for a period of time, is sometimes expected. Thirdly, identify reinforcers that are reinforcing for the client and are easily attainable. Finally, ignoring inappropriate or undesirable behaviours is a key element to reinforcing positive behaviours.

McKinney and Renk (2006) worked with parents to emphasize the importance of consistency and immediacy in reinforcement of positive behaviours. They also stressed the importance of ignoring negative behaviours. According to Sigler and Aamidor (2005) if negative behaviours are ignored, which allows the individual to know it is an inappropriate way of acting or responding, than the behaviour will decrease. They also stated that often undesired behaviours can be reinforced simply by the words, actions, or attention of adults. Price, Martella, Marchand-Martella, and Cleanthous (2002) state that when implementing a program to decrease inappropriate verbalizations for individuals with ADHD, it is important to provide immediate feedback and reinforcement contingent upon the accelerate behaviour.

Madsen, Becker, and Thomas (1968) conducted a study to demonstrate the effects of rules, ignoring, and approval. Three children were involved in the study which included three phases: rules, ignoring of inappropriate behaviours, and approval of appropriate behaviours. The rules phases was a phase in which all rules that pre-existed were used as they would normally be used. In the ignoring phase all inappropriate behaviours were ignored. The last phase, approval, involved participant’s receiving praise for appropriate behaviours. After all three phases were carried out a reversal condition was implemented. The results showed that the rules condition has little effect, while the approval and ignoring conditions worked effectively. It was suggested that when used in conjunction with one another ignoring of inappropriate behaviours and approval of appropriate behaviours can effectively achieve better classroom behaviour. Therefore, it is important to remember that what happens following an inappropriate behaviour can alter the outcome of that behaviour.

How the literature relates to the study

The literature has provided an overview of information on positive social interactions and inappropriate verbalizations. Techniques for increasing positive social interactions include, but are not limited to social skills training, structured learning sessions, self-monitoring, and positive reinforcement. Social skills training has been found to be effective in populations such as children and adolescents diagnosed with pervasive developmental disorders or ADHD. The literature shows that social skills training can be an effective intervention when used in a variety of ways. Structured learning sessions is one of the many ways to teach social skills, such as
positive social interactions. Some of the techniques used within structured learning sessions are: psychoeducation, behavioural rehearsal, and feedback. These techniques can be used in combination with one another to create an effective intervention in social skills training. Self-monitoring can be used in combination with structured learning sessions in order to maintain self-control, especially when treating individuals with ADHD. Throughout most behavioural interventions positive reinforcement should be used to reinforce participants for appropriate behaviours, such as positive social interactions.
Chapter III: Method

Participants

The participant is a 17-year-old male, who was referred for intervention by his teacher, in order to decrease inappropriate verbalizations and increase positive social interactions in the classroom environment. *Moe is currently in his last year of high school, grade 12. He is completing his high school education at the THINK Program for students with learning deficits and behavioural problems. Moe is originally from Thunder Bay where he lived in an abusive environment. His father has been living in Halifax since he was released from prison. His father thought it would be better for Moe to come to Halifax in order to remove him from the abusive situation. After a physical altercation with his father, Moe stayed at the youth shelter and is now involved with Community Housing. Community Housing is a graduated housing system where he can eventually, if the rules are followed, have his own apartment. Due to the nature of his upbringing Moe has always had problems related to his inappropriate verbalizations, as reported in his Ontario School Record (OSR).

Upon arriving in Halifax, Moe had psychological testing done by St. John Community Mental Health Services and was diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (OD), and Post-Traumatic Stress Disorder (PTSD). He sought out help from Walkways, but was turned away based on the results of his threat assessment since he was considered a threat to other clients. Although Walkways could not provide services, St. John Community Mental Health Services agreed to help him. They got him involved with Community Housing, Halifax Works, and Counselling for his PTSD. During the study Moe was on Ritalin to help control the symptoms of his ADHD. There were no other medical conditions exhibited by the participant.

Informed consent

Informed consent was obtained from the participant himself (see Appendix A). He was given the form to read over during the first session and was informed that if he was unsure of anything he could ask for clarification. The form covered information related to the purpose of the study, what is needed from the participant to take part, potential benefits or risks, participation privacy, and contact information. Consent was also obtained from the participant’s father in an individual meeting with the principal investigator. The study was approved by the St. Lawrence Research Ethics Board.

Design

This study used an ABC sequence analysis design. The conditions consist of: A – Baseline, B – Structured Learning Sessions, and C – Self-Monitoring. An ABC design was used instead of an ABAB design because once the participant had participated in structured learning sessions he was unable to unlearn the material in order to have a return to baseline. Condition C, self-monitoring, took place after the structured learning sessions in order for the participant to learn how to monitor his own progress. Frequency data were collected during this study for baseline and intervention phases. The independent variables for this study were the structured learning sessions and self-monitoring. The dependent variables were the amount of positive social interactions, as well as inappropriate verbalizations. Event recording was used to record the amount of times in a four-hour day the participant was verbally inappropriate and how often he engaged in positive social interactions. Inappropriate verbalization was said to occur when the participant made sexual comments, used profanity, a condescending tone, or name calling. Positive social interactions was said to occur when the participant used appropriate initiation of
conversation, appropriate responses to peers, and appropriate conversation with staff. In addition both parties had to walk away from positive social interactions happy and/or content.

The study results are presented in Figure 1. A table has also been provided that shows the means, medians and standard deviations for baseline and both interventions. The mean is also known as the average and is found by adding all data scores together, then dividing by the number of data scores. The median is the middle data score in a distribution of scores; 50% of the data scores will be above this point and 50% will be below it. Standard deviation is a measure of variability; it is a measure based on the distance of each score from the mean.

The data was analyzed using PND, percentage of change, trend lines, and the split middle line method. PND, which stands for percentage of nonoverlapping data, is used to measure treatment effectiveness between baseline and treatment phases. Percentage of change is a comparison between the percentage of appropriate responses in baseline and treatment. It is another way to measure treatment effectiveness. Trend lines are used in visual analysis to measure the overall direction taken by the data path. For example, when trying to increase behaviour, one would want the trend line to be increasing to show an effective intervention. To determine how the trend line should be placed on the graph, an experimenter uses the split middle line method. The rationale for using visual analysis for this study, and not statistical analysis, was due to having only one participant.

Setting/Apparatus

The study took place at the THINK program, which is a classroom for adolescents with behavioural and learning difficulties. The classroom was segregated from the rest of the high school and specially designed to target the special needs of each adolescent in the program. The THINK Program is an alternative choice education program. Students who have had difficulties with regular high school environments are sent to THINK. It is a place where these adolescents can go to work at their own pace and get their high school education. The materials used to conduct the study at THINK were handouts (Appendix B) for the sessions and a weekly self-monitoring form (Appendix C).

Measures

Functional Assessment

Functional Assessment Checklist for Teachers & Staff

The Functional Assessment Checklist for Teachers & Staff (FACTS; March, Horner, Lewis-Palmer, Brown, Crone, Todd & Carr, 2000) questionnaire was completed by Moe’s teacher. This was done in order for teacher and observer to have a common understanding on the participant regarding the target behaviour prior to program implementation. It is one of the most efficient and effective functional assessment tools for school settings because it is quickly completed. The FACTS not only helps identify the problem behaviour, but it also helps investigators recognize the routines, predictors, and consequences surrounding it.

The GB Motivational Screening Tool

The GB Motivational Screening Tool (GBMST; Barrera & Graver, 2009) was used to gain more detailed information about the participant’s problem behaviour. It takes into account the frequency and the function of the behaviour. Questions 1, 6, 11, 16, and 21 of the GBMST pertain to attention. Questions 2, 7, 12, 17, and 22 relate to tangibles. Questions 3, 8, 13, 18, and 23 apply to escape. Sensory function is addressed in questions 4, 9, 14, 19, and 24 and
discomfort is addressed in questions 5, 10, 15, 20, and 25. Moe’s teacher completed the GB Motivational Screening Tool.

*The Student-Assisted Functional Assessment Interview*

The predictors of the behaviour, the nature of the behaviour, the consequences, and whether they increase or decrease the reoccurrence of the behaviour, were the main focus when using the Student-Assisted Functional Assessment Interview (SAFAI; Kern, Dunlap, Clarke & Childs, 1994). The SAFAI also helps to identify what the participant finds reinforcing, for example; activities, tangibles, or praise.

The SAFAI was conducted by the principal investigator individually with Moe as the respondent. This was done in order to gain more insight on Moe’s perception of his behaviours and insight regarding his inappropriate verbalization.

*The Sequence Analysis A-B-C Model*

The sequence analysis ABC Model is a direct observation method and is used to collect data pertaining to the antecedents (A), the behaviour (B) and the consequences (C).

*Data Collection*

During baseline assessment, as well as both intervention conditions event recording, also known as frequency recording, was used to record Moe’s inappropriate verbalizations and positive social interactions. Data were collected by the principal investigator and the participant, over the course of the entire school day which was 4 hours in length from 9:00am – 1:00pm.

**Procedures**

*Structured Learning Sessions*

Structured learning sessions were provided to the participant twice each week for three weeks. Each session was 45 minutes long and took place between the participant and principal investigator. The content covered included psychoeducation related to his ADHD and how to premeditate his responses when engaging in interactions with peers. To facilitate skill acquisition, behavioural rehearsal was used to practice positive social interactions and feedback was provided by the principal investigator on the participant’s progress.

The first session covered psychoeducation about his ADHD, as well as a general introduction to positive social interactions. The second session was used to debrief the week and give feedback on his positive social interactions. The third session was geared more specifically at how to premeditate his behaviours, as well as how to initiate conversation with peers in a non-confrontational manner. Session four was used as a feedback session and also covered appropriate ways to respond to inappropriate peer behaviours. The fifth session covered appropriate ways to engage in conversation with staff. The final session was a feedback session for both participant and principal investigator; it was also used as a time to review previously learned materials. All learned materials can be found in Appendix C. The participant’s behaviour was observed each day for the three weeks.

<table>
<thead>
<tr>
<th>Session</th>
<th>Description of session</th>
</tr>
</thead>
</table>
| 1       | - Overview of entire program  
- Informed consent  
- Psychoeducation: ADHD and positive social interactions  
- Handout: General knowledge of ADHD and positive social interactions  
- Homework: Read handout |
| 2       | - Feedback to participant: Sharing of observations |
Self-Monitoring

Once the frequency data of both inappropriate verbalizations and positive social interactions from the structured learning sessions was stable, self-monitoring was introduced. For the participant to self-monitor his positive social interactions and inappropriate verbalizations he was provided with a weekly self-monitoring form. In order for the participant to use the self-monitoring form he was given a definition of what both inappropriate verbalizations and positive social interactions entail. It was also explained that each time an inappropriate verbalization or positive social interaction occurred, a tic mark was to be placed in the corresponding box for that behaviour. Observations were taken of his behaviours by the principal investigator and compared to his self-monitoring in chart format, at the end of each day. At this point, a discussion would take place about the participant’s progress. Self-monitoring was considered a success if 90% of the participant’s recordings matched the observer’s recordings.

Reinforcement

Positive social interactions were reinforced naturally by positive attention from his peers and self-monitoring was reinforced by praise from staff and the primary investigator. After receiving the necessary knowledge and skills to engage in positive social interactions, each time the participant used his new skills and knowledge his peers would respond with positive attention instead of negative attention. Praise from staff and the investigator were used to encourage the
participant to engage in self-monitoring. At the end of each day, when the data were compared between investigator and participant, the investigator would give praise for a job well done and high levels of positive social interactions. The participant seemed to respond well to this type of reinforcement.
Chapter IV: Results

Functional Assessment Results

**Functional Assessment Checklist for Teachers & Staff (March, Horner, Lewis-Palmer, Brown, Crone, Todd & Carr, 2000).**

Matt Neat, Moe’s teacher, was the respondent for the FACTS interview. Mr. Neat identified that Moe’s behaviour, inappropriate verbalization, occurs across the entire day (9am-1pm) during all subjects and activities. The antecedent to Moe’s behaviour was identified as being around his peers and the motivating consequence was attention. This attention could take the form of peer or adult attention and could be negative or positive in nature. The FACTS assessment can be found in Appendix D.

**The GB Motivational Screening Tool (Barrera & Graver, 2009).**

Once again the respondent for the functional assessment was Mr. Neat. The GB Motivational Screening Tool was used to gain more detailed knowledge about the problem behaviour and to confirm Mr. Neat’s thoughts on the FACTS. In comparison to the FACTS, it has more in-depth questions pertaining to a function of behaviour; escape, tangible, attention, discomfort, or sensory. The respondent’s answer for each question was recorded on a 6 point Likert scale. After all the questions were answered the point levels recorded were added up for each function, the highest scoring function was considered to be the function of the current behaviour. The conclusion was that Moe’s behaviour is indeed attention driven due to a total score of 24 on the GBMST. The GBMST can be found in Appendix E.

**The Student-Assisted Functional Assessment Interview (Kern, Dunlap, Clarke & Childs, 1994).**

The SAFAI was conducted one-on-one with Moe as the respondent. This was done in order to gain insight on Moe’s perceptions of his inappropriate verbalizations. Moe acknowledged the fact that he engaged in inappropriate verbalizations and identified that they occurred most while engaging with his peers. He also identified that praise would be an effective form of reinforcement. The results of the SAFAI can be found in Appendix F.

**The Sequence A-B-C Analysis.**

The Sequence A-B-C Analysis is a direct observation method used to collect data pertaining to the antecedents (A), the behaviour (B) and the consequences (C). Data were collected by the researcher using an A-B-C log throughout the day, 9am-1pm. After collecting the ABC’s a pattern was evident. The major antecedent was being with his peers. The behaviour was inappropriate verbalizations and the consequences included teacher reprimands and peer attention. The sequence analysis can be found in Appendix G.

Baseline Assessment Results

During baseline assessment event recording, also known as frequency recording was used to record Moe’s positive social interactions and inappropriate verbalizations (Appendix H). Event recording was used over the course of the entire school day which is 4 hours in length from 9:00am – 1:00pm. Positive social interactions remained low and stable throughout baseline and inappropriate verbalizations remained high and stable (Appendix I). On average, as shown by Figure 1 and 2, Moe engaged in positive social interactions 5.33 times per day and in inappropriate verbalizations 9.67 times per day. Appendix I also shows that the 3 days of baseline data are stable.
**Intervention Results**

Structured learning sessions, as well as self-monitoring were both implemented for 3 weeks each and showed to be successful in increasing Moe’s positive social interactions and decreasing his inappropriate verbalizations. Table 1. provides a summary of the data collected on positive social interactions and Table 2. provides a summary of the data collected for inappropriate verbalizations. Each table contains the means, medians, and standard deviations (SD) for the specific behaviour in each phase of the intervention and were taken from the observer’s recordings.

Table 1.

<table>
<thead>
<tr>
<th>Frequency of Positive Social Interactions per Day Throughout Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Social Interactions</td>
</tr>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
</tr>
</tbody>
</table>

*Note. SD = Standard Deviation*

Table 2.

<table>
<thead>
<tr>
<th>Frequency of Inappropriate Verbalizations per Day Throughout Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate Verbalizations</td>
</tr>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>SD</td>
</tr>
</tbody>
</table>

*Note. SD = Standard Deviation*

In the structured learning sessions phase, Moe’s average for positive social interactions increased by 65% from baseline and occurred 8.83 times per day. His inappropriate verbalizations decreased to an average of 4.17 per day (Figure 1). During this phase, positive social interactions showed an increasing trend while inappropriate verbalizations showed a decreasing trend. During the self-monitoring phase, positive social interactions showed a percentage of change of 261% from baseline and occurred 19.27 times per day (Figure 2.). Once again an increasing trend was shown. Inappropriate verbalizations, during self-monitoring, occurred on average once per day and the trend remained stable. To see the trend lines refer to appendix I.

Moe achieved and surpassed all of the goals that were set out for him during the study. During the self-monitoring phase Moe’s observations were 100% consistent with the primary observer’s observations. As shown in Appendix J, the PND is 100% in both conditions for both behaviours. Therefore, the intervention is considered to be very effective. Intervention results can be found in Appendix J.
**Figure 1.** Moe’s Positive Social Interactions

**Figure 2.** Moe’s Inappropriate Verbalizations
Chapter V: Discussion

It was hypothesized that if the participant was taught to engage in positive social interactions and to self-monitor his behaviours, his inappropriate verbalizations would decrease while his positive social interactions increase. In addition to a decrease of negative attention from his peers and staff and an increase in positive attention and praise, the participant should

The results of the current study are consistent with the literature. The literature found that techniques for increasing positive social interactions include, but are not limited to social skills training, structured learning sessions, self-monitoring, and positive reinforcement (Radel et al. 2010; Shimabukuro et al. 1999; Spence 2003). The current study investigated the effectiveness of all these techniques. The literature reported that social skills’ training has been effective in populations such as children and adolescents, diagnosed with pervasive developmental disorders or ADHD (Koenig et al., 2010). Structured learning sessions is one of the many ways to teach social skills, as shown by this study. Some of the techniques identified in the literature that were used within structured learning sessions were: psychoeducation, behavioural rehearsal, and feedback (Colom, et al. 2003; Hawkins et al. 2004; McFall & Marston 1970; Schinke & Rose 1976; Smerud & Rosenfarb 2011) These techniques were used in the present study in combination with self-monitoring to maintain self-control during positive social interactions. The literature also suggested the use of positive reinforcement throughout most behavioural interventions, such as social skills training in order to reinforce the participant’s appropriate behaviours (Madsen et al. 1968; Price et al. 2002). The current study used praise as a positive reinforcer for the participant’s positive social interactions.

The participant met and surpassed all of the goals for both phases of intervention. Structured learning sessions provided him with the right information about how to engage in positive social interactions and how to premeditate his verbalizations. This was done through psychoeducation, behavioural rehearsal, and feedback. The participant gained knowledge of what a positive social interaction is, how to engage in positive social interactions, and the importance of engaging in positive social interactions. The self-monitoring gave him a sense of responsibility in monitoring his own positive social interactions, as well as his inappropriate verbalizations. The participant was able to observe how many times per day he engaged in positive social interactions and received praise for them, which instilled more confidence in him. He was also able to observe how many times per day he was verbally inappropriate. The self-monitoring deterred him from using inappropriate verbalizations because he did not like receiving tally marks for the decelerate behaviour. Overall, the intervention was shown to be effective at increasing positive social interactions and decreasing inappropriate verbalizations.

Since there was only one participant in the study it is understood that the results may not be generalizable to similar cases and settings. Another limitation may be the classroom environment. This limitation comes from the fact that all the students had behavioural deficits and in some cases when the client tried to engage in positive social interactions his peers still responded to him with negative attention. One of the major limitations consisted of the participant having troubles outside of school and it reflected in his school participation as well as his attendance at school. This limitation made it difficult to generalize his behaviour to another setting. Finally, this study was conducted using frequency data collection. Frequency data was collected, but it may have been more beneficial to take into account the amount of opportunities the participant had, in a day, to engage in positive social interactions.
Multilevel Challenges

Client
The main challenge to program implementation, at the client level was the participant’s attendance. Due to unforeseen circumstances in his life outside of school he was unable to be present each day during intervention. Not only was the participant absent without reason, on more than one occasion, but he was also suspended from school for three days due to unexplained absences. These absences made it difficult to have consistency during the self-monitoring portion of intervention.

Program
The major challenge to program implementation at the program level was the multiple behavioural problems from other students present in the classroom. Due to the fact that the structured learning sessions were used to teach the participant how to engage in positive social interactions and data were collected on his positive social interactions with his peers, his peer’s behavioural issues would sometimes disrupt the positive social interactions the participant tried to engage in with them.

Organization
The challenge to implementation, at the organization level was structure. Due to the relaxed nature of the agency, each day did not present the same amount of opportunities for the participant to engage in positive social interactions. The relaxed nature of the agency helps the students to succeed in their academics, leaving time for them to make up extra credits with school board programs such as Road Wrap and Construction Cooking. Although this is a positive for the students, academically, these programs were mandatory and ran for half the day, twice per week. This did not leave many opportunities for the participant to engage in positive social interactions on the days these programs ran.

Societal
At the societal level, the community may view individuals with attention deficit/hyperactivity disorder as “trouble makers”. This is due to their deficiency in self-control and their impulsive nature. An impulsive behaviour such as inappropriate verbalization, may be viewed negatively on behalf of the adolescent with attention deficit/hyperactivity disorder by members of the community. In general, the most disabling part of a disability or disorder is society’s stigmatizing reaction to the person.

Implications for Field of Behavioural Psychology
The current study contributes to the field of behavioural psychology by expanding on the idea that having structured learning sessions, to teach social skills, on an individual basis can increase an adolescent’s positive social interactions. There is limited research on the topic pertaining to adolescents, as well as individual therapy.

Recommendations for Future Research
Recommendations for future research include taking into account the number of opportunities the client has in a day to engage in positive social interactions and comparing the number of positive social interactions that occurred to those opportunities. This would be done instead of using basic frequency data. It is also recommended that the intervention be done in groups rather than in a case study. This could ensure that positive social interactions would occur with other students during behavioural rehearsal and in the classroom, with reduced conflict.
References


Appendix A – Consent Forms

Client

**TITLE:** Using Structured Learning Sessions and Self-Monitoring to Increase Positive Social Interactions in an Adolescent with ADHD

**STUDENT:** Amanda Clark

**COLLEGE SUPERVISOR:** Marie-Line Jobin

**INVITATION**
I am a student in my 4th year in the Behavioural Psychology program at St. Lawrence College and I am currently doing my placement at the THINK Program. As a part of this placement, I am completing a special project called an applied thesis and I am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask all the questions you might have before deciding whether or not to participate.

**WHAT IS THE PURPOSE OF THE STUDY?**
The purpose of this study is to help you gain and use the skills necessary for positive peer interactions. Information will be collected on your peer interactions to evaluate if the training sessions and self-monitoring provided have helped you acquire skills for positive peer interactions.

**WHAT WILL YOU NEED TO DO IF YOU TAKE PART?**
If you agree to be a part of this project, you will need to attend six, one hour, structured learning sessions, two per week. In these sessions you will be taught how to premeditate what you want to say before you say it and how to have positive social interactions with peers and staff. You will also gain knowledge of your own behaviours. After the sessions are completed you will be taught how to self-monitor your positive social interactions and inappropriate verbalizations. You will use your knowledge while interacting with your peers.

**WHAT ARE THE POTENTIAL BENEFITS TO ME OF TAKING PART?**
Potentially, you will benefit as a participant in this project by learning how to interact in a positive and effective manner with your peers. You will also gain the skill of self-monitoring, which can be used in many other occasions.

**WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**
There are minimal risks to participating in this project. Some risks may include
becoming unhappy or disappointed in your progress throughout the project.

**WHAT HAPPENS IF SOMETHING GOES WRONG?**
There are not many things that could go wrong in a project like this, but in the unfortunate event that something does go wrong you may talk to me, or the staff supervisor, Matt Neat.

**WILL MY TAKING PART IN THIS PROJECT BE KEPT PRIVATE?**
Any information about you and your participation in this study will be kept confidential unless required by law. All documents will be kept safely behind lock and key in the staff locker at THINK. Any information kept on the computer will be password protected. Any reports, presentations, or publications resulting from this project will not include your name or the name of the agency. The consent form signed by you and your father will be kept in a locked file cabinet at St. Lawrence College for at least 7 years.

**DO YOU HAVE TO TAKE PART?**
It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty. Meaning, you may withdraw without it affecting your regular attendance or participation at THINK.

**CONTACT FOR FURTHER INFORMATION.**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Marie-Line Jobin, my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Amanda Clark, aclark21@student.sl.on.ca, or you can contact my College Supervisor, Marie-Line Jobin by email at mjobin@sl.on.ca, you may also contact the Research Ethics Board at appliedresearch@sl.on.ca.

**CONSENT**
If you agree to participate in the project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency and in a secure location with the Behavioural Psychology program at St. Lawrence College.
CONSENT

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate.

Participant Printed Name: ____________________________

Age of Participant (If Under 18):______________

Participant Signature: _______________________________  Date: ________

SLC Student Signature: ____________________  Date: ________

Printed Name: ____________________________
Father

**TITLE:** Using Structured Learning Sessions and Self-Monitoring to Increase Positive Social Interactions in an Adolescent with ADHD

**STUDENT:** Amanda Clark

**COLLEGE SUPERVISOR:** Marie-Line Jobin

**INVITATION**
I am a student in my 4th year in the Behavioural Psychology program at St. Lawrence College and I am currently doing my placement at the THINK Program. As a part of this placement, I am completing a special project called an applied thesis and I am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want your son to participate. Please read the information below carefully and ask all the questions you might have before deciding whether or not to have him participate.

**WHAT IS THE PURPOSE OF THE STUDY?**
The purpose of this study is to help your son gain and use the skills necessary for positive peer interactions. Information will be collected on his peer interactions to evaluate if the training sessions and self-monitoring provided have helped him acquire skills for positive peer interactions.

**WHAT WILL YOUR SON NEED TO DO IF HE TAKES PART?**
If you agree to your son being a part of this project, he will need to attend six, one hour, structured learning sessions, two per week. In these sessions he will be taught how to premeditate what he wants to say before he says it and how to have positive social interactions with his peers and staff. He will also gain knowledge of his own behaviours. After the sessions are completed he will be taught how to self-monitor his positive social interactions and inappropriate verbalizations. He will use his knowledge while interacting with his peers.

**WHAT ARE THE POTENTIAL BENEFITS TO YOUR SON TAKING PART?**
Potentially, your son will benefit as a participant in this project by learning how to interact in a positive and effective manner with his peers. He will also gain the skill of self-monitoring, which can be used in many other occasions.

**WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**
There are minimal risks to participating in this project. Some risks may include your son becoming unhappy or disappointed in his progress throughout the project.

**WHAT HAPPENS IF SOMETHING GOES WRONG?**
There are not many things that could go wrong in a project like this, but in the unfortunate event that something does go wrong you and your son may talk to me, or the staff supervisor, Matt Neat.

**WILL MY SON’S TAKING PART IN THIS PROJECT BE KEPT PRIVATE?**
Any information about your son and his participation in this study will be kept confidential unless required by law. All documents will be kept safely behind lock and key in the staff locker at THINK. Any information kept on the computer will be password protected. Any reports, presentations, or publications resulting from this project will not include your son’s name or the name of the agency. The consent form signed by you and your son will be kept in a locked file cabinet at St. Lawrence College for at least 7 years.

**DOES HE HAVE TO TAKE PART?**
It is up to you to decide whether or not your son will take part. If you do decide to have him take part, you will be asked to sign this consent form. If you do decide to have him take part, he is still free to withdraw at any time, without giving any reason, and without incurring any penalty. Meaning, he may withdraw without it affecting his regular attendance or participation at THINK.

**CONTACT FOR FURTHER INFORMATION.**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Marie-Line Jobin, my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Amanda Clark, aclark21@student.sl.on.ca, or you can contact my College Supervisor, Marie-Line Jobin by email at mjobin@sl.on.ca, you may also contact the Research Ethics Board at appliedresearch@sl.on.ca.

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CONSENT

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that my son has the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the study.
- I have been told that my son’s personal information will be kept confidential.
- I understand that no information that would identify my son will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate.

Participant/Parent/Guardian Printed Name: ____________________________

Age of Participant (If Under 18):______________

Signature: _______________________________ Date: ________

SLC Student Signature: ____________________ Date: ________

Printed Name: ____________________________
Appendix B – Handouts for Structured Learning Sessions

Session #1:  
Information on Attention Deficit/Hyperactivity Disorder (ADHD) and Positive Social Interaction

Attention Deficit/Hyperactivity Disorder – ADHD

Two underlying symptom dimensions: a hyperactive-impulsive dimension including excessive activity and impulsive responding and an inattentive dimension including difficulties in sustaining attention, distractibility and disorganization.

Three ADHD subtypes: the combined, the hyperactive-impulsive and the inattentive. The combined type is a combination of hyperactivity and inattention. The hyperactive-impulsive type is where hyperactivity and impulsivity are the main concerns. The inattentive type focuses on inattention and daydreaming as the primary concern.

Did you know:
- That 65% of children with ADHD still have the full syndrome or partial remission by the age of 25 years
- Higher rates of psychosocial adversity is found in children with ADHD when compared to their non ADHD peers (examples: marital discord, low social class, large family size, paternal criminality, maternal mental disorder and foster placement)
- Adolescents with hyperactivity-impulsivity and inattention types have higher levels of externalizing problems in early adulthood than youths in the primarily inattentive type
- More boys than girls will continue to experience symptoms of their ADHD (hyperactive-impulsive type) into adulthood
- Hyperactivity subtypes appear to have more behaviour problems, to be more self-destructive, and are more likely to have a co-diagnosis of conduct disorder

Adjustment problems at age 19–20:
- The hyperactive, the inattentive and the combined subtypes had higher levels of externalizing problems in early adulthood.
- The combined subtype also had higher levels of externalizing problems compared to youths who are inattentive.
- The inattentive and the combined subtypes had higher levels of internalizing problems in early adulthood.

ADHD and Peer Relationships:
The peer relationship problems of hyperactive/impulsive subtypes:
- Display high rates of interaction, are rejected by their peers, are more physically aggressive, interrupt peers frequently, and display a pattern of controlling behaviours
- Individuals with ADHD are prone to being left out or excluded by peers
- The peer interactions of people with ADHD-Inattentive would be characterized by a high
rate of solitary behaviour, whereas people with ADHD-Hyperactive/Impulsive would show high rates of interactions and are more likely to have social rejections by peers.

What are Positive Social Interactions and why are they Important?
- Positive social interactions are interactions that take place between peers that are positive in nature and successful for both people involved
- These peer interactions are important because they lead to positive social and emotional development
- Research suggests that the use of positive social skills with peers early on can lead to the development of positive peer relationships, acceptance, and friendships
- Some skills that are useful for interacting with peers and building social relationships include:
  - Getting a friend’s attention
  - Sharing objects
  - Asking peers to share objects
  - Providing a play idea to a peer
  - Saying something nice to a friend

Information adapted from Litner, 2003
Premeditation:
- Premeditation is defined as the planning ahead of actions and responses.
- In relation to decision-making, premeditation is the most crucial part when it comes to making rational decisions.
- A lack in premeditation and decision-making skills can lead to inappropriate verbalization and negative social interactions.

How to Premeditate Your Thoughts and Responses:
- When you are interacting with another individual and have an idea of what you would like to say, you should stop yourself from blurting it out.
- When a thought occurs about what you want to say or how to respond you first tell yourself (in your head) to “STOP”
- You then count to 5 (in your head) and determine whether it is an appropriate response. (eg., will this make them upset with me or respond to me in a negative manner?)
- If the answer is yes, take some time to rethink what a more appropriate response would be
- If the answer is no, then go ahead and say what you want

Initiation of Conversation:

The Benefits
- You’re not a loner with nothing to do.
- You look more approachable if you are comfortable approaching others.
- Meeting new people means developing a network of friends or peers which leads to more knowledge and experiences.

The Rules
- Be polite. Acknowledge that you are in the company of strangers and don’t make anyone feel uncomfortable. First impressions mean something.
- Keep it light. Don’t launch into a heartfelt rant or a story of tragedy. We’re out to have fun.
- Don’t be a prude. This just means relax. This isn’t a science and conversation isn’t a fine art. Talk to people like you’re already friends.
- Be honest. Be yourself. People can tell.
- BE CONFIDENT!!
Other than confidence, the next thing people who have trouble initiating conversations lack is conversation! So here are a few tips to get the ball rolling.

Topics of Conversation
- Everything is fair game. If you are in the company of someone and a thought strikes you, share it. “This song is garbage! What are you listening to?”, “Where did you get that outfit?”
- Opinions matter. This is any easy way to hit the ground running in conversation. Everyone has one, and when you share yours, another will reveal itself. The great thing about this line of thought is that you are instantly learning about the other person and what they like, dislike etc.
- Environment. The place you’re in is full of things to comment on. The DJ, band, fashions; start talking about what you see.
- Current Events. Unless it’s something accessible or light-hearted, forget it. Don’t launch into your opinion on the war.
- You are a smoker! Although there is the inconvenience of having to go outside to smoke, you are instantly pushed into a group of people who have a common interest. Consider this time as time for easy and new conversation.

Information adapted from Childs, 2010
Session #4
Self-Control and Responding to Inappropriate Peer Behaviour

**Self-Control:**

Self-control is an important skill for all people to learn. It refers to having power or control over one’s own actions. It also means that an individual knows right from wrong. People who do not make choices about their own behaviour, but instead rely on other’s to make choices for them, do not learn self-control. These children may follow others’ bad choices and not take responsibility for the consequences of their behaviour. If students are taught self-control, then they will feel better about the choices that they do make.

Some general strategies that often help people learn appropriate self-control:
- Take a break: “take a break” or a “time out” from a situation where you are feeling angry or upset.
- Observe: you can learn to resist interrupting others by learning how to observe when others are not talking or talking, so you can join in appropriately
- Participant in specific activities designed to teach self-regulation: including dealing with “wanting something I can’t have,” understanding feelings, controlling anger, role playing, and problem solving.

**How to Deal with Inappropriate Peer Behaviour:**

Use your self-control to:
- Ignore your peer’s behaviour
- Ask them to stop politely
- Walk away from the situation
- Ask a teacher for help in dealing with the situation

Information adapted from Young & Amarasinghe, 2010
Session #5:
Engaging in Appropriate Conversation

Developing proper conversational skills comes easier to some individuals than it does to others. Proper conversational skills can easily be learned with a little bit of practice and patience. The following skills will start preparing you to converse in any situation.

1. **Body Language**
Once a conversation has been started, proper conversational skills dictate you will say as much to the people you are talking to with your body language as you will with your words. Keep this in mind and always keep your body open, make proper gestures when you are talking to emphasize different points, do not cross your arms or scowl. This is essential for proper conversational skills.

Your facial expressions are important as well for proper conversational skills and should reflect the topic of conversation. Smile, frown, open your eyes wide, and plenty of other facial expressions will help you get your point across and will also show the others in the conversation that you are listening when they are speaking.

2. **Listen**
You cannot have a conversation if you do not listen to the other person. Always remember that proper conversational skills and good conversation is like a two way street with stop signs. There are times when you will stop when the car in the other direction keeps driving and vice versa.

So, when you are in a conversation stop and really listen and pay attention to whoever is talking. You will want others to respect you and listen to you so allow yourself to have a conversation by listening as much as you are talking.

3. **Eye Contact**
When you are talking to someone you need to give them your undivided attention and make eye contact. Imagine how you would feel if you were talking with someone and they kept staring at the floor, the wall, over your shoulder.

It would make the conversation uncomfortable, be an example of less than proper conversational skills and you would want to extract yourself immediately. You do not have to stare the person down, but eye contact is very important and should be a main focus when you are conversing.

4. **Tone**
Your tone of voice is another important consideration for proper conversational skills during a conversation. Make sure you speak loud enough for people to hear you and in an appropriate tone for the conversation. Nobody wants to have a conversation with someone who cannot speak loudly enough to be heard or uses inappropriate tones.

Information adapted from Communication Secrets, 2007
<table>
<thead>
<tr>
<th>Dos in Conversation</th>
<th>Don’ts in Conversation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask good questions</td>
<td>1. Don’t cut people off</td>
</tr>
<tr>
<td>Let other people talk more. People generally like to</td>
<td>I guess you have probably known this point quite better than I. Cutting people off</td>
</tr>
<tr>
<td>dominate talks, so let them do it. If you you’re your</td>
<td>while they are talking is one of the rudest actions a person can do in a conversation.</td>
</tr>
<tr>
<td>conversations to go smoothly, learn to ask good</td>
<td>I know you don’t want anyone to cut you off while you are talking, so never do that to</td>
</tr>
<tr>
<td>questions which lead people to feel like to talk more.</td>
<td>others.</td>
</tr>
<tr>
<td>The questions do not have to be so sensitive or</td>
<td></td>
</tr>
<tr>
<td>personal, but they should be well worded. Your questions</td>
<td></td>
</tr>
<tr>
<td>can start from other people’s interests, hobbies,</td>
<td></td>
</tr>
<tr>
<td>professions, sports and etc. In fact, you can express</td>
<td></td>
</tr>
<tr>
<td>your opinion during the conversations, but it is better</td>
<td></td>
</tr>
<tr>
<td>to do it after other people express theirs.</td>
<td></td>
</tr>
<tr>
<td>2. Listen attentively</td>
<td>2. Don’t be judgmental</td>
</tr>
<tr>
<td>People including you and me want to be heard, so</td>
<td>Have you ever heard expression ‘don’t judge the book by its cover’? I guess, you have</td>
</tr>
<tr>
<td>whenever we talk we thrive to make sure that we are</td>
<td>because this saying has become a cliche already, but still not many people really</td>
</tr>
<tr>
<td>being listened to or we don’t talk much. Listening to</td>
<td>follow the advice embedded within it. It is good to know that whenever we are in</td>
</tr>
<tr>
<td>your conversationalists is important, yet it is even</td>
<td>conversation, we are to discover something the other person/people has in mind and to</td>
</tr>
<tr>
<td>more important to listen attentively. The reason that</td>
<td>say. So, we should be readily open-minded as to accept everything coming out of their</td>
</tr>
<tr>
<td>it is crucial because when it is time for you to talk</td>
<td>mouth without prejudging the quality of their words and messages. Being judgmental</td>
</tr>
<tr>
<td>or respond, you will something nice or at least</td>
<td>will at some point obstruct you from hearing every word being said, thus losing the</td>
</tr>
<tr>
<td>relevant to talk about.</td>
<td>meaning behind the message.</td>
</tr>
<tr>
<td>3. Look your conversationalists in the eye or face</td>
<td>3. Don’t have too much sense of humor</td>
</tr>
<tr>
<td>Maintaining eye contact is one of the fundamental</td>
<td>Generally people appropriate sense of humor unless it is too much. I personally used</td>
</tr>
<tr>
<td>skills that any good conversationalist would recommend</td>
<td>to be a victim of too much sense of humor. Then, I thought people liked laughing, so</td>
</tr>
<tr>
<td>you to use. When you really follow people with your</td>
<td>whenever I was in conversation, I usually injected jokes and tried to make other</td>
</tr>
<tr>
<td>eyes, you are able to spot certain reactions, even the</td>
<td>people smile or laugh. I was a victim because I was often blamed for being too funny.</td>
</tr>
<tr>
<td>small ones, shown in the face, body, limps, and etc.</td>
<td></td>
</tr>
<tr>
<td>Such reactions tell you about</td>
<td></td>
</tr>
</tbody>
</table>
the feelings of the people towards you. Sometimes, you get much message from the facial expressions or gestures than words. People actually told me to cut off my jokes and be serious with my words. So, I am today an almost completely different person in conversation. I give people what they want, not what I think they want. If they want jokes, I give them jokes. But if they want serious talks, I give them serious ones I’ve got.

4. Smile often
Have you ever heard an expression which goes “a nice smile can melt people’s heart”? This is actually true because people are drawn much closer to people who often and usually smile. Smiling people are normally thought to be welcoming and friendly. When you smile often in conversation, your interlocutors may interpret your smile as you are interested in what he/she is talking about.

4. Don’t be too serious
This point is quite similar to the previous point ‘don’t have too much sense of humor’. The word ‘too’ just implies negativity. If you are a too serious talker in conversation, you will lack the basic, fundamental ingredient ‘called humor’ that connects people together. Too serious, you will not have many people who would like to talk to you; they will just leave you alone.

5. Agree with nods and words
Generally people want no only to be heard, but also agreed to. So, never let them down by shaking your head all the way through the whole conversation unless shaking means agreement in the culture of people to whom you are talking. In fact, there are two ways in showing your agreement such as by saying words in agreement (i.e. yeah, okay, and etc) or nodding. To be better, show your agreements through both ways so that your interlocutors can hear and see agreements at the same time.

5. Don’t go off track
Relevancy is crucially important in conversation. With high relevance, you can tell your conversationalists how much and closely you have been following them. People usually go off track when they try to be funny, have nothing to say more, are too tired to talk more or want to end the conversation. So, try not to be off track once you have decided to get in a conversation. But, if you do have to get off track, have a really good reason to do so and do it politely.

6. Match pace
Pace here refers to speed in your talking and gesturing. Supposed the person to whom you are talking were generally a slow person, you would have to pretend to be a slow person too in order to match with his/her pace even though you are a fast one. Matching pace allows your conversationalists to feel comfortable.

6. Don’t look at your watch
To some of you, this point might be funny and sound trivial. But, don’t underestimate it because there are people out there who look at their watch while they are talking to someone. Some people do not mind this point, but to some other people, this point can be as insulting as cutting people off because it tells that the
and less overwhelmed while talking to you.

<table>
<thead>
<tr>
<th>7. Celebrate mistakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>This point is important to use when you talk to people who are obviously inferior to you in terms of status, age and the like. Take your little brothers or sisters for example. When you talk to them, they tend not to be so expressive for they perceive that their mistakes will not be tolerated. Yet, if they actually know that you celebrate their words and also mistakes, they will communicate with you openly and happily</td>
</tr>
</tbody>
</table>

Information adapted from Center for Independent Living, 2010
Appendix C – Weekly Self-Monitoring Form

Event Recording for Positive Social Interactions and Inappropriate Verbalizations:

<table>
<thead>
<tr>
<th>Date</th>
<th>Positive Social Interactions</th>
<th>Inappropriate Verbalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Positive Social Interactions</th>
<th>Inappropriate Verbalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Positive Social Interactions</th>
<th>Inappropriate Verbalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>Date</th>
<th>Positive Social Interactions</th>
<th>Inappropriate Verbalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Appendix D – FACTS

Functional Assessment Checklist for Teachers and Staff (FACTS-Part A)

Student/ Grade: Moe Money  Date: September 12th/11
Interviewer: Amanda Clark  Respondent(s): Matt Neat

Student Profile: Please identify at least three strengths or contributions the student brings to school.
Moe has a good sense of humour, he’s willing to accept help and he works hard on his academics.

Problem Behavior(s): Identify problem behaviors

<table>
<thead>
<tr>
<th>Tardy</th>
<th>Inappropriate Language</th>
<th>Work not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fight/physical Aggression</td>
<td>Insubordination</td>
<td>Verbally Inappropriate</td>
</tr>
<tr>
<td>Disruptive</td>
<td>Vandalism</td>
<td>Self-injury</td>
</tr>
<tr>
<td>Theft</td>
<td>Withdrawn</td>
<td>Other</td>
</tr>
<tr>
<td>Unresponsive</td>
<td>Verbal Harassment</td>
<td></td>
</tr>
</tbody>
</table>

Describe problem behavior: Swearing, name calling, and being rude.

Identifying Routines: Where, When and With Whom Problem Behaviors are Most Likely.

<table>
<thead>
<tr>
<th>Schedule (Times)</th>
<th>Activity</th>
<th>Likelihood of Problem Behaviour</th>
<th>Specific Problem Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Low 1 2 3 4 5 6</td>
<td>High 1 2 3 4 5 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Verbally Inappropriate</td>
</tr>
<tr>
<td>Before School</td>
<td>Math</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transition</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Language Arts</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recess</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reading</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Science</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transition</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Block Studies</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Art</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

*This specific behaviour occurs across the entire day (9am-1pm) during all subjects and activities*

Select 1-3 Routines for further assessment: Select routines based on (a) similarity of activities (conditions) with ratings of 4, 5 or 6 and (b) similarity of problem behavior(s). Complete the FACTS Part B for each routine identified.

**Functional Assessment Checklist for Teachers & Staff (FACTS-Part B)**

Student/Grade: __Moe Money_________ Date: __September 12/11________________________

Interviewer: Amanda Clark ___________ Respondent(s): Matt Neat________________________

**Routine/Activities/Context:** Which routine (only one) from the FACTS-Part A is assessed?

<table>
<thead>
<tr>
<th>Routine/Activities/Context</th>
<th>Problem Behavior(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Classroom</td>
<td>Verbally Inappropriate</td>
</tr>
</tbody>
</table>

**Provide more detail about the problem behavior(s):**

What does the problem behavior(s) look like?
Peers getting upset, mad, sad or frustrated after interactions with Moe due to swearing, name calling, sexual comments, being rude or using a condescending tone

How often does the problem behavior(s) occur?
Anywhere from 5 to 20 times per day

How long does the problem behavior(s) last when it does occur?
Not long, it’s usually momentary. Sometimes it can last longer, but it depends on how intense the reactions from his peers are.

What is the intensity/level of danger of the problem behavior(s)?
Low-Moderate

**What are the events that predict when the problem behavior(s) will occur? (Predictors)**

<table>
<thead>
<tr>
<th>Related Issues (setting events)</th>
<th>Environmental Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ illness</td>
<td>___ reprimand/correction</td>
</tr>
<tr>
<td>___ drug use</td>
<td>___ structured activity</td>
</tr>
<tr>
<td>X negative social</td>
<td>___ physical demands</td>
</tr>
<tr>
<td>X conflict at home</td>
<td>___ socially isolated</td>
</tr>
<tr>
<td>___ academic failure</td>
<td>___ unstructured time</td>
</tr>
<tr>
<td>___ Other</td>
<td>___ tasks too boring</td>
</tr>
<tr>
<td>___ reprimand/correction</td>
<td>___ activity too long</td>
</tr>
<tr>
<td>___ with peers</td>
<td>___ tasks too difficult</td>
</tr>
<tr>
<td>___ Other</td>
<td></td>
</tr>
</tbody>
</table>

**What consequences appear most likely to maintain the problem behavior(s)?**

<table>
<thead>
<tr>
<th>Things that are Obtained</th>
<th>Things Avoided or Escaped From</th>
</tr>
</thead>
<tbody>
<tr>
<td>X adult attention</td>
<td>___ hard tasks</td>
</tr>
<tr>
<td>X peer attention</td>
<td>___ reprimands</td>
</tr>
<tr>
<td>___ preferred activity</td>
<td>___ peer negatives</td>
</tr>
<tr>
<td>___ money/things</td>
<td>___ physical effort</td>
</tr>
<tr>
<td>___ Other</td>
<td>___ adult attention</td>
</tr>
</tbody>
</table>

**SUMMARY OF BEHAVIOR**

Identify the summary that will be used to build a plan of behavior support.

*Setting Events & Predictors:*

With Peers

*Problem Behavior(s):*
Verbally Inappropriate
Maintaining Consequence(s):
Adult/Peer Attention

How confident are you that the Summary of Behavior is accurate?
Not very confident                                             Very confident
1                                                                 4
2                                                                 5
3                                                                 6

What current efforts have been used to control the problem behavior?

<table>
<thead>
<tr>
<th>Strategies for preventing problem behavior</th>
<th>Strategies for responding to problem behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ schedule change</td>
<td>___ reprimand</td>
</tr>
<tr>
<td>Other: <em><strong>None</strong></em></td>
<td>Other: <em><strong>None</strong></em></td>
</tr>
<tr>
<td>___ seating change</td>
<td>___ office referral</td>
</tr>
<tr>
<td>______________________</td>
<td>______________________</td>
</tr>
<tr>
<td>___ curriculum change</td>
<td>___ detention</td>
</tr>
<tr>
<td>______________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Appendix E – GBMST

GB Motivation Screening Tool (GBMST) - Barrera

Client: Moe Money  Date: September 12th/11
Interviewer: Amanda Clark

Informants' Relationship to the Client:
Teacher

Current or Past Diagnoses:
ADHD, OD, PTSD

Behaviour Description (please define one only):
Verbally Inappropriate is when there is use of swearing, name calling, sexual comments, condescending tone or being rude

How frequently does the behaviour occur? (circle the answer that best describes your observations)
More than once a day
Daily
Twice a week
Weekly
Twice a month
Monthly
Less than once a month

Setting Description:
THINK Classroom for adolescents with learning and behavioural deficits

Behavioural Intervention(s) being Implemented (if applicable):
N/A

Instructions: The GB Motivation Screening Tool is a questionnaire designed to identify those situations which influence the occurrence of behaviour problems. To complete this questionnaire select one behaviour that is of particular interest / concern. Once you have very specifically identified the behaviour, read each question carefully and circle the answer that best describes your observations in regard to this behaviour.

QUESTIONS
1. Does the behaviour seem to occur when you stop paying attention to the person in order to attend to another person or task?

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6
2. When the behaviour occurs, you usually try to distract or calm the person with preferred activities (leisure items, snacks, toys, etc.)

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

If yes, please specify the item: ______________

3. Does the behaviour occur following a request to perform a task?

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

4. The person engages in repetitive "self stimulatory behaviours" such as body rocking, hand or finger waving, object twirling, etc.

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

5. The behaviour occurs more frequently when the person is in physical or psychological discomfort.

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

If yes, please specify: __________

6. The behaviour occurs in the presence of others.

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

7. Does the behaviour occur if the person does not have his or her favorite items or objects?

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

If yes, please specify item: __________

8. Engages in the behaviour to try to get people to leave him / her alone. (S)he wants to escape the person or the demands placed on them.

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost Never</th>
<th>Seldom</th>
<th>Half the Time</th>
<th>Usually</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

9. The behaviour occurs regardless of what is going on in his or her immediate area, and independently of his or her surroundings.
10. When the person has medical or psychological problems and these are treated, does the behaviour problem decrease?

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

11. Engages in the behaviour because (s)he enjoys being reprimanded or receiving negative attention.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

12. Engages in the behaviour to get access to items such as preferred toys, food, items, or drink.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

If yes, please specify item: _______

13. Engages in the behaviour when he/she does not want to do something.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

14. Would the behaviour occur repeatedly in the same way, for long periods of time, even if no one else was around?

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

15. The person has a history of recurrent physical or psychological problems that increase this behaviour.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

16. Engages in the behaviour to try to get a positive or negative reaction from you or a peer.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

17. Engages in the behaviour when you or a peer have something that (s)he wants
Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

18. Engages in the behaviour when (s)he does **not** want to do or **stop** doing something.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

19. Engages in the behaviour because there is nothing else to do. The person is bored with or under-stimulated by his or her surroundings.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

20. The behaviour occurs in cycles. During a "high cycle," the behaviour occurs frequently; during a "low cycle," the behaviour rarely occurs. These cycles are caused by physical or psychological discomfort.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

If true, please specify the source of the discomfort: 

21. Engages in the behaviour to draw attention to him or herself, or away from others.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

22. Engages in the behaviour when you or a peer takes something away that (s)he wants.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

23. The behaviour occurs in the presence of others.

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

24. Does it appear to you that the person performs this behaviour because it is compelling or satisfying?

Never  Almost Never  Seldom  Half the Time  Usually  Almost Always  Always
0  1  2  3  4  5  6

25. Engages in the behaviour because (s)he is in physical or psychological pain.
<table>
<thead>
<tr>
<th>No.</th>
<th>Attention</th>
<th>Tangible</th>
<th>Escape</th>
<th>Sensory</th>
<th>Discomfort*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>8</td>
<td>3</td>
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**Total Score** | **24** | **5** | **15** | **10** | **16**

**Mean Score** | **4.8** | **1** | **3** | **2** | **3.2**

*Note: Discomfort refers to physical and/or psychological discomfort.*
Appendix F – SAFAI

Student-Assisted Functional Assessment Interview (SAFAI)

Student: Moe Money

Date: September 27th/11

Administration Time: 11:30

Target Behaviour: Inappropriate Verbalization (IV)

Part 1:

1. When do you think you have the fewest problems with Inappropriate Verbalization in School? Why do you not have problems during this time?
   On break because he gets to have a cigarette, which calms him down

2. When do you think you have the most problems with Inappropriate Verbalization? Why do you have problems during these times?
   When working with peers or trying to be funny with peers because he wants them to like and respect him

3. What causes you to have problems with Inappropriate Verbalization?
   When others, mostly peers, make him feel insignificant or left out

4. What changes could be made so you would have fewer problems with Inappropriate Verbalization?
   If people could be nicer and more aware of what kind of mood he’s in

5. What kinds of rewards would you like to earn for good behaviour or good school work?
   Cigarette breaks and/or Praise because he never really received a lot of praise growing up

Rate how much you like the following subjects (1 – don’t like at all, 3 – fair, 5 – like very much):

- Reading – 3
- Math – 1
- Spelling – 2
- Handwriting – 1
- Science – 1
- Social Studies – 1
- English – 2
- Music – 3
- P.E – 4
- Art – 4

6. What do you like about yourself?
   The fact that he’s funny

7. What do you like about school?
   Meeting new people
8. What do you like about your peers?
Sometimes they are nice

9. What do you like about your teachers?
They help out a lot with school, advice and real situations

10. What don’t you like about school?
Meetings with the school board, agencies and dad because they are scary and intimidating

11. Is there any type of school activity you have ever done that you’ve really enjoyed?
Playing Poker to help with Math

12. What could you do to improve your Inappropriate Verbalization?
Stop and think about what to say before he says it

13. What do you like about talking to your peers?
The topics we talk about. For example Xbox

14. Is there any type of social skill training you have done that you’ve liked?
No because most of them were boring and he didn’t like the people teaching him

15. What could be done to improve your time at school?
Better (positive) interactions with peers

Part 2:

1. In general, is your work too hard for you? Sometimes
2. In general, is your work too easy for you? Never
3. When you ask for help appropriately, do you get it? Always
4. Do you think work periods for each subject are too long? Never
5. Do you think work periods for each subject are too short? Never
6. When you do seatwork, do you do better when someone works with you? Always
7. Do you think people notice when you do a good job? Sometimes
8. Do you think you get the point or rewards you deserve when you do good work? Sometimes
9. Do you think you would do better in school if you received more rewards? Always
10. In general, do you find your work interesting? Sometimes
11. Are there things in the classroom that distract you? Always – When others are talking around me or to me
12. Is your work challenging enough for you? Always
Appendix G – Sequence Analysis

Student: Moe Money
Target Behaviour: Inappropriate Verbalization
Date: September 22\textsuperscript{th}/11  
Time: 9:00am-1:00pm
Location: THINK Classroom for individuals with learning and behavioural deficits
Observer: Amanda Clark

<table>
<thead>
<tr>
<th>Time</th>
<th>Antecedent(s)</th>
<th>Behaviour</th>
<th>Consequence(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:24am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand/ Negative Peer Attention</td>
</tr>
<tr>
<td>9:43am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand/ Negative Peer Attention</td>
</tr>
<tr>
<td>9:55am</td>
<td>Stopped from going for break early</td>
<td>Inappropriate Verbalization (Condescending Tone)</td>
<td>Teacher Reprimand</td>
</tr>
<tr>
<td>10:33am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand/ Negative Peer Attention</td>
</tr>
<tr>
<td>10:57am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention</td>
</tr>
<tr>
<td>11:11am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand</td>
</tr>
<tr>
<td>11:28am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention</td>
</tr>
<tr>
<td>11:40am</td>
<td>Conversing with Peer</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention</td>
</tr>
<tr>
<td>12:16pm</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand/ Negative Peer Attention</td>
</tr>
<tr>
<td>12:25pm</td>
<td>Conversing with Peer</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention</td>
</tr>
</tbody>
</table>
Student: Moe Money  
Target Behaviour: Inappropriate Verbalization  
Date: September 27th/11   Time: 9:00am-1:00pm  
Location: THINK Classroom for individuals with learning and behavioural deficits  
Observer: Amanda Clark

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<thead>
<tr>
<th>Time</th>
<th>Antecedent(s)</th>
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<tbody>
<tr>
<td>9:10am</td>
<td>Teacher Explained the Plan for the day (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand “No Swearing” /Teacher Redirect to Plan</td>
</tr>
<tr>
<td>9:33am</td>
<td>Made a Mistake on his Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand “That’s Inappropriate Moe”</td>
</tr>
<tr>
<td>9:40am</td>
<td>Peer Made fun of His Intelligence</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand “Moe Stop” /Negative Peer Attention (ignored)</td>
</tr>
<tr>
<td>10:13am</td>
<td>Individual Work (Seated in Groups) Peer Points out a Mistake</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention (rolled eyes and ignored)</td>
</tr>
<tr>
<td>10:45am</td>
<td>Conversing with Peers</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention “Don’t use Gay in that why, it’s mean” (ignored)</td>
</tr>
<tr>
<td>11:16am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Rude - “If you can’t figure that out, you must be stupid”)</td>
<td>Teacher Reprimand “Moe don’t talk to people like that” / Negative Peer Attention “Thanks, Ass” (ignored)</td>
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<tr>
<td>11:40am</td>
<td>Returned from Counsellor</td>
<td>Inappropriate Verbalization (Condescending Tone “That session was just freakin’ amazing”)</td>
<td>Negative Peer Attention “Moe don’t be like that. He’s there to help you” (ignored) / Teacher Reprimand “Yeah Moe, don’t be like that”</td>
</tr>
<tr>
<td>11:56am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention (ignored)</td>
</tr>
<tr>
<td>12:22pm</td>
<td>Conversing with Peer</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention (rolled eyes and walked away) / Teacher Reprimand “Moe you really need to stop swearing at school it’s not appropriate”</td>
</tr>
</tbody>
</table>
Student: Moe Money  
Target Behaviour: Inappropriate Verbalization  
Date: September 28th/11  
Time: 9:00am-1:00pm  
Location: THINK Classroom for individuals with learning and behavioural deficits  
Observer: Amanda Clark

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<tr>
<td>9:00am</td>
<td>Individual Work (Seated in Pair - Girl)</td>
<td>Inappropriate Verbalization (Sexual Comment)</td>
<td>Teacher Reprimand “Moe that’s inappropriate”/Negative Peer Attention (ignored and switched partners)</td>
</tr>
<tr>
<td>9:25am</td>
<td>Individual Work (Seated in Pairs)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention “This ‘shit’ happens to be important” (ignored)</td>
</tr>
<tr>
<td>9:30am</td>
<td>Peer Pointed Out A Mistake On His Work</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand “Moe stop! He’s just trying to help you out”/Negative Peer Attention (moved away from him)</td>
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<tr>
<td>9:43am</td>
<td>Teacher Explains The Plan For The Guest Speaker (Seated in Groups)</td>
<td>Inappropriate Verbalization (Condescending Tone – “Well this should be fun”)</td>
<td>Teacher Reprimand “Moe you need to stop being like that and listen so you know what’s going on today”</td>
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<td>10:03am</td>
<td>Guest Speaker Explains Her Plans (Seated in Groups)</td>
<td>Inappropriate Verbalization (Rude – “Yoga is stupid and I for one will not be taking part”)</td>
<td>Teacher Reprimand “That was really inappropriate Moe, Go stand out in the Hall” /Negative Peer Attention (multiple rolling eyes and “Thank God”)</td>
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<td>10:15am</td>
<td>Came Back In From Hall</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand “You make one more comment like that while the guest speaker is here and you’re gone”</td>
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<td>11:00am</td>
<td>Yoga – Girl Bends Over In Front Of Him</td>
<td>Inappropriate Verbalization (Sexual Comment)</td>
<td>Negative Peer Attention “You’re such a creep Moe” (moved to other side of gym)</td>
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<td>11:31am</td>
<td>Conversing with Peer</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention “None of your business” (ignored)</td>
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<td>11:55am</td>
<td>Individual Work (Seated in Groups)</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Negative Peer Attention (ignored and rolled eyes)</td>
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<td>12:50pm</td>
<td>Conversing with Peer</td>
<td>Inappropriate Verbalization (Swearing)</td>
<td>Teacher Reprimand “Moe if you’re going to be swearing and running</td>
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your mouth tomorrow, than don’t bother coming because you will be sent home!”
Appendix H - Baseline Assessment

Event Recording for Positive Social Interactions and Inappropriate Verbalization:

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<td>Mean</td>
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Appendix I – Intervention Results (Graph)

Moe's Positive Social Interactions

- Baseline
- Structured Learning Sessions
- Self-Monitoring
- Maintenance

Moe's Inappropriate Verbalizations

- Baseline
- Structured Learning Sessions
- Self-Monitoring
- Maintenance
## Appendix J – Intervention Results (Data)

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## Appendix K: Mediator Instructions For Intervention Procedures

**CLIENT NAME:** Moe Money  
**PROCEDURE:** Praise for Positive Social Interaction and Use of Appropriate Verbalization  
**MEDIATOR(S)*:** Matt Neat  
* (other than you)  
**LOCATION:** THINK Program

### TARGET BEHAVIOUR(S) (operational definitions):
1. Positive Social Interactions is said to occur when the client engages in conversation with another student and neither party walks away upset, mad, sad or frustrated.
2. Inappropriate Verbalization is said to occur when the client makes sexual comments, uses profanity, a condescending tone, or name calling.

### STEPS:

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<tr>
<th>Step</th>
<th>Description</th>
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| 1.   | Moe engages in a Positive Social Interaction  
       - Give Moe praise for engaging in Positive Social Interactions (example; “Good Job Moe! That was an excellent example of how to interact with your peers. Keep it up!”) |
| 2.   | Moe engages in an Inappropriate Verbalization  
       - Redirect if needed, but do not get too upset or side-tracked. The best thing to do is to ignore the inappropriate verbalizations |
| 3.   | Moe uses Self-Monitoring  
       - Give praise for the use of self-monitoring. Ask to see the form at the end of each week and discuss his progress. Always make comments and give praise for a job well done before expanding on how he could improve. |

### WORD COUNT:
Overall – 8, 102  
Literature Review – 3, 442